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DEPARTMENTS OF LABOR, HEALTH AND HUMAN
SERVICES, EDUCATION, AND RELATED AGENCIES
APPROPRIATIONS FOR 2003

HEARINGS

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS
SECOND SESSION

SUBCOMMITTEE ON THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,
EDUCATION, AND RELATED AGENCIES

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PART 7B

TESTIMONY OF MEMBERS OF CONGRESS AND OTHER
INTERESTED INDIVIDUALS AND ORGANIZATIONS

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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED
AGENCIES APPROPRIATIONS FOR 2003

TESTIMONY OF INTERESTED INDIVIDUALS AND ORGANIZATIONS

Tuesday, May 14, 2002.

NATIONAL ALLIANCE FOR EYE AND VISION RESEARCH

WITNESS

RICHARD J. SALEM, SALEM SAXON P.A., TAMPA, FLORIDA

Mr. Regula. Okay, we'll get started today. We have a long list of witnesses, and I'll just repeat the rules. Five minutes. We'll have a timer on the table. It will be green, caution and stop. If I ask questions, that's on my time. Or if you'll save a little of your time, it would be helpful.

So we'll get started here. Our first witness will be Richard J. Salem. He will be introduced by the Chairman of the Full Committee, Mr. Young.

Mr. Young. Mr. Chairman, thank you very much. I'm happy to welcome Mr. Salem here. Mr. Salem is a prominent attorney in the Tampa Bay area that I have the privilege of representing. Mr. Salem, until he was a teenager, was able to see as well as the rest of us, maybe better than some of us that have to wear glasses. But he had a baseball accident and lost his vision.

The interesting story is that he applied to Duke University for admittance to college. They said, you know, Mr. Salem, we're not really sure that we're ready for a blind student. He said, well, I'm not really sure that I'm ready for you. But anyway, they got together and he graduated with honors from Duke Law School.

He's a founding partner of Salem and Saxon, which is a firm based in Tampa. And he's here representing those with sight problems. He's been extremely active in issues working with the disabled, where there is a lack of sight or whatever. He's just been a real trooper when it comes to trying to help other people.

And he's here today and I notice he has no notes in front of him, because he couldn't read them if he had. He works from the brilliance of his own brain. Richard, we're very happy to have you here before this distinguished Subcommittee. Mr. Regula is an outstanding Chairman and the members of the Committee are all very sympathetic to the problems of the disabled, whatever that disability might be. So we're happy to have you here, Richard, and thank you.

Mr. Salem. Thank you, Chairman Young and thank you, Chairman Regula, for the invitation and our thanks to your members of the Committee and the staff for the hard work that you have been doing. We were fortunately or unfortunately here on September 11th in Washington, and have recognized since then

the hard work that you, Chairman Regula, and Chairman Young, under his leadership, have done to protect and preserve the rights that we so, so jealously guard as uniquely American. Thank you for your hard work on the war against terrorism. We know it's been a lot of work.

The issues that you're dealing with today are indeed another urgent battle that we are fighting. Can you imagine, Mr. Chairman, a seven year old boy who is frightened and dreads trick-or-treating on Halloween? It's a hard thing to think about, as a parent or think of it in terms of even when we were children, always a grand day. The truth of the matter is that kids that are losing their sight through retinitis pigmentosa and other degenerative disease often lose their night vision first. It becomes very frightening to them.

I tell you this story, it's not about me, it's about young Bob Mack. And his parents, Steve and Lisa Mack, are here with us today. They are constituents of one of your Committee members, Congresswoman Morella, from Gaithersburg. Steven, Lisa, would you stand up, please?

I bring them with us this morning--thank you--Mr. Chairman, because they represent the future. Their five year old and seven year old boys are losing their sight. They can't see at night now and soon they won't be able to see during the day time either. And they're important, too, because they're parents.

The first time I ever saw my father cry was the day we left Johns Hopkins and went home. Driving into the parking lot of my father's office, my mother said, well, do you want to tell him or should I tell him. I said, I can do it, Mom. I walked into my father's office, I was 16 years old, and said, Dad, we just finished at Hopkins, and before we left, the doctors told me that in a few months I'm not going to be able to see any more. My father's eyes teared up, he cut off the lights and dried his eyes off with his handkerchief and came over and dried my eyes off and gave me a hug. He said, okay, Rick, we've got to fight. Let's get out there and fight this.

That's what we're doing today, Congressmen. That's what we're asking your help in doing. There are extraordinary things happening in the science of vision research. I have the privilege of serving on your National Institutes of Health National Eye Institute board of advisors. One thing is for sure, I often think I should have paid more attention in science class.

But having said that, sitting through enough scientific meetings, you start to get the idea, it is imminent. What we're asking for is something that you started last year, catching up, thank you, Chairman Regula, the budget of the Eye Institute that had lagged behind for decades from the other institutes at NIH, to catch up their research. Things as exciting as, and I'm sure you recall meeting Lancelot, Lancelot was a dog born blind. Through research therapy, they've been able to restore the sight in his eyes. There are more Lancelots coming, and soon human trials will follow. We have already funded those at NEI.

There are sciences out there, as you have read in the paper recently, that allow chips to be implanted on the retina and vision to be stimulated in the eye. The eye is indeed the window

to the body. It's also a direct line to the brain. Neurology and ophthalmology go hand in hand. The Alliance for Vision Research is a group, a consortium of pharmaceutical companies, Allergan, Alcon, the Academy of Ophthalmologists, organizations such as the Foundation Fighting Blindness, your friend Mr. Gordon Gunn's organization.

Private monies are being raised to match with Federal monies to keep the research going, and with your help this year, at a budget figure of \$692 million, we think that in the near term, that you will see not only the Dannys and Bobs of this world have their vision loss arrested, but possibly vision restored. Those sciences can be transferred to other areas of the body and the knowledge gained used to accomplish great ends for our individual kids and our Nation.

So thank you, Chairman Young, Chairman Regula, Members, for your time and attention and for your effort in getting us to that \$692 million figure.

[The prepared statement of Mr. Salem follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. We thank you. It's a message that has a measure of optimism.

Mr. Salem. Thank you.

Tuesday, May 14, 2002.

CITY AND COUNTY OF SAN FRANCISCO, CALIFORNIA

WITNESS

BARBARA GARCIA, DEPUTY DIRECTOR OF HEALTH, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Mr. Regula. Barbara Garcia, Deputy Director of Health, San Francisco Department of Public Health. Thank you for coming.

Ms. Garcia. Thank you. Mr. Chairman and members of the Committee, I'm pleased to be here today to discuss San Francisco's response to substance abuse, which according to a recent study by the Robert Wood Johnson Foundation, was identified as the leading health problem in the United States.

In 1996, when I became the Director of Substance Abuse Services in San Francisco, the limited treatment programs that existed were struggling to keep their doors open and retain skilled staff. Since then, with the political and financial support of the Mayor and the board of supervisors of San Francisco, we built the capacities of our agencies and expanded our focus towards the goal of achieving prompt placement for all who seek treatment.

Expanded, prompt and enhanced treatment is key to reducing injury and death as well as costs, and is the cornerstone of our treatment on demand initiative. Treatment on demand is a comprehensive approach to improve and increase treatment capacity in San Francisco. The Federal and State government play a key role in our continued success of this initiative,

and particularly the Substance Abuse and Mental Health Services Administration and the California State Alcohol and Drug Program.

Like many other metropolitan areas in the United States, San Francisco's issues with drugs are alarming. Untreated addiction costs San Francisco close to \$1.7 billion annually in lost revenues and has negative social impacts. San Francisco's emergency room episodes rank number one in the Nation for methamphetamine, number one for GHB, and number three for LSD. Two years ago, San Francisco General Hospital treated 14 injection related abscesses a day at a cost exceeding \$42 million over a two year period. Because most of these patients are uninsured or ineligible for Medicaid, San Francisco pays for their care.

Heroin is a particularly challenging problem due to its high purity and low cost. The heroin related death rate is three times higher in San Francisco than in the rest of California. In 1999, there were 87 heroin related deaths in San Francisco, an average of four to five non-fatal overdoses per day and one fatal overdose every other day. A majority of our homeless deaths, 54 in 1999, are related to heroin overdoses.

In 1997, the Social Security Administration revised its definition of disability to exclude individuals diagnosed with substance abuse problems. Because Medicaid is linked to SSI, the ability of local municipalities to obtain Federal and State funding for medical costs for people who have substance abuse problems was eliminated. Therefore, the burden of care has fallen to local and State governments.

Recognizing that investing in treatment decreases the individual, social, legal and economic costs of substance abuse, San Francisco's Mayor and Board of Supervisors committed substantial local funds to increase access to care and improve the treatment system. Local support currently accounts for three times more funding than Federal or State contributions.

The treatment on demand initiative was the first in a series of progressive substance abuse policies initiated by San Francisco. The goals of treatment on demand are to expand effective existing services, develop new culturally focused services, and address other policy barriers to treatment, entry and progress. In 1997, the Office-Based Opiate Addiction Treatment Resolution was passed by the Board of Supervisors, advocating for private physicians to treat addiction with methadone as a part of comprehensive care for their patients, expanding treatment beyond existing methadone clinics.

In another effort in 1999 we made to try to reduce heroin related deaths, the Department of Public Health sponsored a Heroin Overdose Prevention and Soft Tissue Infection Task Force. Recommendations from these groups led to the opening of a client-centered wound clinic at San Francisco General Hospital, community-based services for abscesses, CPR training in local jails and a multi-faceted media campaign to reduce overdose deaths.

Our preliminary evaluation and data of progressive substance abuse policies in San Francisco suggests that these changes have a positive impact. For the six-year period from fiscal year 1995 to fiscal year 2001-2002, treatment capacity increased 39 percent, and there was a significant reduction in

the number of heroin overdoses for calendar year 2000.

For more than a decade, national data and drug related emergency room visits consistently ranked San Francisco in the top affected metropolitan areas. Ranked number one in the Nation in 1997, today San Francisco fell to number five in 2000.

In the late 1980s, the country looked to San Francisco's aggressive response to the AIDS epidemic as a model. In the face of the substance abuse epidemic, San Francisco may again serve as a model as we address this epidemic affecting a marginalized population with inadequate health resources.

Polls show that more than half of Americans strongly believe that drug treatment should be more available. A two year study by the State of California Department of Alcohol and Drug Programs showed that for every dollar invested in treatment, there is a \$7 cost savings to taxpayers. The fundamental task for public health officials, public leaders and legislators is now to increase support for treatment and establish addiction as a disease of epidemic proportions.

Progressive substance abuse policies in San Francisco continue to reduce the negative impact of substance abuse on our community. The Federal and State governments have been and are encouraged to continue to be our partners in reducing harm associated with substance use and abuse.

Mr. Chairman, that's the end of my comments. I'll be glad to answer any questions you may have.

[The prepared testimony of Ms. Garcia follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you very much. It's not just in San Francisco, it's a national problem.

Ms. Garcia. Absolutely.

Tuesday, May 14, 2002.

MEN AGAINST BREAST CANCER

WITNESS

MARC HEYISON, PRESIDENT/CO-FOUNDER, MEN AGAINST BREAST CANCER

Mr. Regula. Our next witness will be introduced by our colleague, Mrs. Morella.

Mrs. Morella. Thank you, Mr. Chairman, for the opportunity to very briefly introduce a constituent of mine who's an extraordinary man, who has great commitment toward the cause he's going to speak to you about. Incidentally, Mr. Chairman, thank you for the work you're doing on this Committee. I think this is one of the most important appropriations subcommittees. I value the work you've done.

I am going to be introducing to you Marc Heyison. Marc has so much passion and dedication toward the eradication of breast cancer, because it almost took his mother. In his quest to

eliminate breast cancer, Marc has created two 501(c)(3) non-profit organizations for which he has received much recognition and many awards. They are, the Gloria Heyison Breast Cancer Foundation, named for his mother, and the Men Against Breast Cancer, the first national non-profit organization designed to target and mobilize men to become active participants in the fight to eradicate breast cancer.

I don't want to take time from Marc's testimony, so I will let Marc tell you his story.

Mr. Heyison. Thank you. I could take the full five minutes and then some thanking Representative Morella for all her work on our behalf. I just want to say thank you. I appreciate your being here.

Mr. Chairman and members of the Subcommittee, as Representative Morella said, my name is Marc Heyison. In 1999, Steve Peck and I co-founded Men Against Breast Cancer, as you heard, the first national organization designed to target and mobilize men to get them actively involved.

What we want to do, quite simply, is educate men to be effective caregivers when breast cancer strikes the family. In addition, we've designed a low income and moderate fee program to ensure all women have access to the quality care they deserve and that my mom was fortunate to get. While at this time I have no specific request for fiscal year 2003, I thought it was important for me to come and share with you the hopes and desires of Men Against Breast Cancer, with the hope that we will work together in the future and team up.

My personal experience, as you've heard, has led me to dedicate myself to this cause. I know breast cancer has a devastating effect, because in 1992, my mom was diagnosed. I'm fortunate that my mom is here with me today, along with my dad. My mom is here to see what's being done in love and in honor of her. My mom's strength, my mom's courage, has been the inspiration that has led to my passion and commitment to do whatever I can against this disease.

To fully understand, I need to go back and take a few seconds and tell you about how it began. It began in 1992 when I heard the five most horrific words ever uttered, your mother has breast cancer. I knew at that point my dad, my brother and myself, if we could have, would have switched places with my mom. Unfortunately, we could not do that. What we could do, though, is be there for her, as she was there for us as we were growing up into adulthood. That's what Men Against Breast Cancer is all about, to be there for everybody.

In the past 10 years, I have learned so much from so many people as I travel throughout the country. The most important thing I have learned is that people can and do make a difference. Because if we don't do it, who's going to do it? I'm very fond of a quote by Martin Luther King that I think sums it all up very well, why we're doing this, is that everyone can be great, because everyone can serve. It only takes a heart full of grace and a soul generated by love.

There are many men doing great things throughout this country, and their soul is generated by love and caring for the women in their lives. Because they realize it's not a choice. My mom didn't raise her hand and say, oh, can I have breast cancer. What we need to do as men and part of the family is

say, what can I do, and how much can I do for you. Breast cancer is a family issue. All you need to do is go home and look at your pictures and, if you take the women you love out of them, I challenge you to tell me that it's a family.

Our ribbon is pink and blue, which symbolizes that men and women are in this together and it's a partnership. The man's role is to provide the needed support from treatment, recovery, and just as importantly, beyond. The need to support the male caregiver is critical in this regard, because in doing so, you ultimately support the patient. It's like anything else, if you have a tough day at work, you can go home to talk to somebody about it, you're going to feel better with what you're dealing with, and you're going to deal with it in a better fashion.

As I've traveled throughout the country, what has been reinforced is that men do want to help and they want to be there. Because they realize the time is now. And Men Against Breast Cancer will provide the guidance, resources and education necessary for men to be there for the women they love.

As the first organization to target men, Men Against Breast Cancer is in a unique position to develop an important niche. Our unique approach has allowed us already to open the way with partnerships with nationally recognized cancer organizations such as the Johns Hopkins Oncology Center, the Mayo Clinic and the Y-Me National Breast Cancer Organization. They want to work with us because our services complement and enhance what is already being offered.

In addition, here, Men Against Breast Cancer has already received strong bipartisan support. Our honorary board includes both House Republicans and House Democrats and Representative Morella is the honorary chair, who not only support our mission and our message, but MABC's national programs as well, which are briefly, called Survival Skills for Men, which is a support group designed to educate and empower men to be effective caregivers. We also have a program called Partners in Survival, which is an educational workshop designed to help the family navigate through the myriad emotional crises that develop with breast cancer, with a specific emphasis on the role that the man can play, as well as our National Mammography Program, which I've already talked with CDC about to try to partner with them, so together we can reach more people.

Your hard work and dedication over the years has played a significant role in the advancements and the breakthroughs that we've seen. But like anything else, there is more work to be done. I have come here today to introduce Men Against Breast Cancer to you, and look forward to next year coming back and reporting the progress to you and then to ask for your support in working together to empower men and for breast cancer to be seen as a family issue.

Matt Loscalzo, who is the Director of Patient and Family Services at Johns Hopkins Oncology, summed it up best when he said, "MABC represents the very best of what people can do together. Men represent an invisible yet unrealized powerful force toward humanizing the effects of breast cancer."

Mr. Chairman, thank you again for the opportunity and privilege to be here. I appreciate it.

[The prepared statement of Mr. Heyison follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. It's great that you're giving leadership to this. Things happen because people do take leadership roles. I assume you would like to get the NIH to spend more on research.

Mr. Heyison. Anything that would help further the advance.

Mr. Regula. As you know, we're committed to a five year doubling of their budget. This is the fifth year, and of course we'll wind up that commitment. But they have received a doubled budget, or will have as of this year.

Mr. Heyison. Yes, I've followed it.

Mr. Regula. We hope that this will bring results.

Mr. Heyison. It will.

Mr. Regula. They are making breakthroughs in a lot of things. Thank you very much for coming, and to your parents. It's nice of you to come. You ought to be proud of your son. He's not only concerned for you but for many others. A lot of people will benefit from his efforts that will never know.

Mrs. Morella. They've been there every step of the way. Had I realized you were here, I would have introduced you.

Thank you, Mr. Chairman.

Mr. Heyison. Thank you, Mr. Chairman.

Tuesday, May 14, 2002.

UNIVERSITY OF INDIANAPOLIS

WITNESS

JERRY ISRAEL, PRESIDENT, UNIVERSITY OF INDIANAPOLIS

Mr. Regula. All right, we have Julia Carson, Congresswoman from Indianapolis, who is going to introduce our next witness.

Ms. Carson. Thank you very much, Chairman Regula and members of the Committee. I admire your working on this Committee. I would be boo-hooing throughout the whole process. [Laughter.]

Mr. Regula. I do that privately. [Laughter.]

Ms. Carson. You've really had some incredible testimony this morning so far.

Mr. Chairman, I'm Julia Carson from Indianapolis. I want to introduce Dr. Jerry Israel, President of the University of Indianapolis. Dr. Israel has been a leader both at the University and in the greater Indianapolis community. He previously served as President of Morningside College in Sioux City, Iowa. President Israel earned his B.A. in 1962 at New York University. His list of academic accomplishments are numerous. I don't want to consume his time.

Since coming to Indianapolis, Dr. Israel has maintained the outstanding reputation that elevated the University as a highly qualified and experienced provider of critical health care professions education and training. He seeks to build on those strengths, creating the Center for Aging and Community in 2001.

I'm going to defer the rest of my time so that he will have an opportunity, Mr. Chairman, to articulate the reasons that he's here.

I really appreciate your allowing us to come.

Mr. Regula. I think instead of boo-hoos, you'd rather have money. [Laughter.]

Dr. Israel. Thank you, Representative Carson. Your service to the community inspires us all. And Chairman Regula, thank you and members of your Committee and your staff for allowing me this time to be in front of you.

It's my fourth year as President of the University of Indianapolis. I had the good fortune to follow Dr. Ben Lance, who was President of your alma mater, Chairman Regula, at Mount Union College.

As the Congresswoman said, we have an extraordinary strength at the University of Indianapolis in some areas of health professions and allied health.

Mr. Regula. Is this a State or a local?

Dr. Israel. It's a private institution, United Methodist related, like Mount Union. It was known as Indiana Central until 1986, when the name was changed to the University of Indianapolis. We have about 4,000 undergraduate and graduate students.

We are known best in nationally recognized programs in physical therapy, occupational therapy, clinical psychology, social welfare, health and human service fields. We tend to train the professionals for those fields in the midwest, in Indiana in particular.

Mr. Regula. Do you do masters?

Dr. Israel. We do masters, and we also do doctorates in physical therapy, occupational therapy and clinical psychology.

About a year ago, we decided to try to make a difference in what we judged to be as important a social issue for the United States in the next 20 years as any, and that's the area of gerontology and senior citizens. All the areas I mentioned work heavily in that field.

In addition to building a center on aging, we wanted to build one that would have a direct impact on the community of Indianapolis, both for its own sake and also as a model for other communities around the country. We don't want to build a gerontology center that people would have to come to, we want to build one that's engaged with the community.

Recently we partnered with a local health care organization and with United Way in establishing a greatly enhanced health care facility where our faculty and students could work together with local physicians in Congresswoman Carson's district to provide services that were not available in that community. We are here to request in particular \$1 million in funding through the Administration on Aging's Aging Research and Training Account to advance our research with regard to providing clinical care for our senior citizens in the community, as well as a model for cost effective adult day care.

We've discovered that a major problem in our community and around the country is the ability to keep senior citizens with increasing frailty in their homes and in their community rather than being institutionalized. And we've discovered that no

major research institution or teaching institution is really working on how to develop models that will be compliant with the needs of those citizens and with the services that they require. In conjunction with local adult day care centers, again in Congresswoman Carson's district, we hope to establish a model for an adult day care program that would combine the services of our University staff and students with those caregivers and their clients.

We feel we're uniquely qualified to provide this and we hope it will serve as a model for services around the country in similar ways. We hope to be back with additional programs. Our intent is to build a nationally distinctive model of a center that will work both on issues of gerontology and in the community. But we've discovered the most pressing need to be in the area of adult day care. That's where we'd like to get started in bringing these services.

[The prepared statement of Dr. Israel following:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you.

Have you received any Federal grants?

Dr. Israel. As an institution we have, but not for this.

Mr. Regula. Not for this program.

Dr. Israel. Yes. We've been primarily a teaching institution, training professionals in fields like health care and teacher education. We now feel with the growth of the institution and with the graduate work that you referenced that we have the capacity to add to the best practices available in these areas from a clinical perspective.

Mr. Regula. My daughter went to a convention in Indianapolis, she was thrilled with your study. She had a lot of good things to say.

Dr. Israel. Congresswoman Carson has done a lot to make it possible.

Ms. Carson. We're glad of that. Speaker Pro Tem LaHood's daughter and husband graduated from IU Medical School. They bought a house in my neighborhood, right around the corner from me. I don't think they'll vote for me, but----

[Laughter.]

Mr. Regula. You never know. When you pull the curtain, you can get some very unusual results.

Ms. Carson. But we're thrilled to have them. They're wonderful people.

Mr. Regula. Obviously a majority of the people in your district did.

Mr. Carson. Yes, thank you, Mr. Chairman.

Dr. Israel. Thank you, Mr. Chairman, for the opportunity.

Ms. Carson. We stayed within the time. I hope that will give us a bonus. [Laughter.]

Mr. Regula. That helps.

Tuesday, May 14, 2002.

VIRTUAL HERBARIUM PROJECT

WITNESS

MICHAEL BALICK, VICE PRESIDENT, BOTANICAL SCIENCE RESEARCH AND TRAINING, PHILECOLOGY CURATOR AND DIRECTOR, INSTITUTE OF ECONOMIC BOTANY, NEW YORK BOTANICAL GARDEN

Mr. Regula. Dr. Michael Balick, Vice President for Botanical Science Research and Training, New York Botanical Gardens. Dr. Balick.

Dr. Balick. Mr. Chairman, I appreciate the opportunity to testify before the Subcommittee on behalf of the Virtual Herbarium Project at the New York Botanical Garden, a private, not-for-profit organization located on a 250 acre campus in New York City's Borough of the Bronx.

Mr. Chairman, the New York Botanical Garden respectfully seeks the Subcommittee's support for \$1 million for its Virtual Herbarium Project in the Institute of Museum and Library Services account in your fiscal year 2003 appropriations bill. This \$1 million will leverage the \$10 million already raised by the Garden to build the Virtual Herbarium.

Funds will be spent to continue development of the Virtual Herbarium, a set of software tools that permits the Garden to catalog, manage and make electronically accessible its collection of over 6 million plant specimens. At present, a portion of the Herbarium collection may be searched free of charge by any scientist or researcher around the world with access to the internet, and images for thousands of plant types may be viewed. Further software development is requested, as well as the ongoing work of data entering and imaging plants.

My purpose in testifying before the Subcommittee today is not just to request funding for the New York Botanical Garden's Virtual Herbarium Project. I also wish to highlight two particular aspects of our program that seem especially pertinent and timely. First, speeding the discovery of new medicines, therapies and other useful substances from plants and fungi, and second, increasing access to information in the New York Botanical Garden's extensive collections as it relates to all species of current or potential use to humanity.

The New York Botanical Garden is known nationally and internationally for its preeminence in plant and fungal research. It has the largest and most important collection of preserved plants and botanical reference library in one location in the Americas, as well as a world class research team of some 150 scientists, technical support staff, including 42 doctoral students pursuing their studies through collaborative programs with the City University of New York, Columbia, Cornell, New York University and Yale University.

The link between plants and medicines is now well known, thanks to the widely available fact that 25 percent of currently sold patent medicines in the United States have amongst their active ingredients a species of plant. At least 50 commercially available drugs owe their discovery to a clue gathered by an observant researcher noticing a plant species being used medicinally by local peoples.

The rosy periwinkle comes to mind for the drugs vincristine

and vinblastine for treating childhood leukemia and Hodgkins Disease. There's also a plant known as pilocarpus which provides a drug for treating glaucoma, and the curare plant used by indigenous cultures in South America as an arrow poison, but for modern medicine was the basis of the drug D-tubocurarine, a compound used as a muscle relaxant in open heart surgery.

The New York Botanical Garden has a research unit devoted to the study of medicinal plants and all useful plants, for that matter, called the Institute of Economic Botany. It comprises the largest and most active group of economic botanists in the United States. In the realm of medicinal botany, the Garden has worked in partnership with the pharmaceutical industry and the National Institutes of Health, particularly the National Cancer Institute.

Two entities at the National Institutes of Health that fund research on medicinal plants are the Office of Dietary Supplements and the Fogarty International Center. The New York Botanical Garden supports funding of the important work of both of these entities.

Mr. Chairman, thank you for providing me the opportunity to bring these aspects of the New York Botanical Garden's important work to the attention of your Subcommittee.

[The prepared statement of Dr. Balick follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you. Is the word economic in your Institute title indicative that what you're developing has a major economic value and impact?

Dr. Balick. It could have a major or a minor one. For example, if the work involves traditional cultures in a small village in some part of the world and it impacts them in a minor way, we would be most happy with that. But looking for new fuels, new foods, new sources of medicine, fibers, etc.

Mr. Regula. Well, I guess most activity has an economic dimension, and that's what your title is saying.

Thank you for coming.

Tuesday, May 14, 2002.

NEW YORK UNIVERSITY SCHOOL OF MEDICINE

WITNESS

STEVEN J. BURAKOFF, M.D., DIRECTOR, NEW YORK UNIVERSITY CANCER INSTITUTE; DIRECTOR, SKIRBALL INSTITUTE OF BIMOLECULAR MEDICINE

Mr. Regula. Dr. Steven Burakoff, Director, New York University Cancer Institute and Director, Skirball Institute of Bimolecular Medicine.

Dr. Burakoff. Thank you, Mr. Chairman, for the opportunity to testify before you and the Subcommittee today to discuss the importance of continuing to invest in biomedical research and

to discuss one of the exciting initiatives at the NYU School of Medicine.

As mentioned, I am Steven Burakoff. I'm Director of both the NYU Cancer Institute and the Skirball Institute of Bimolecular Medicine. First, I would like to thank all the members of the Subcommittee for the outstanding support provided for the NIH over the past several years. The additional funds clearly have a significant impact on finding the causes and preventing and treating the major health problems that afflict the citizens of our Nation and the world.

I am here today to seek your support for further enhancing the extraordinary partnership that was established with great foresight years ago between academic institutions and the Federal Government. This partnership has spawned remarkable scientific developments over decades. These advances position us, academia, industry and Government, to work together to exploit the golden era of biology. Academic institutions across the Nation are proud to be major players in this partnership.

As we look ahead to the fiscal year 2003, the NYU School of Medicine supports, along with the extramural research community, the President's budget request for the NIH, totaling \$27.3 billion, representing a \$3.7 billion increase over current funding.

Having raised the need to increase funding to NIH, there are several factors that impact on the ability of our institutions to carry out the extramural components of our Nation's expanding and thriving biomedical research enterprise. Our institutions bear certain costs for conducting NIH research that are not supported by the Federal research dollar. We must further strengthen the academic-Federal partnerships so the extramural biomedical research community can operate at optimal capacity and efficiency.

Specifically, I urge you to maintain the salary cap for NIH-funded extramural researchers at the current executive level one. Secondly, to increase extramural construction funding so that NIH investigators can utilize state of the art facilities to carry out the increasing volume of federally supported biomedical research through increased appropriations for extramural facility construction grants.

Over the past several decades, scientists have made encouraging progress in the development of new vaccines that bolster patients' immune systems to respond to and destroy malignant cells. The field of cancer vaccines is one of the most exciting and promising paths in science research to understand and eradicate cancer. With world class basic research scientists at the NYU School of Medicine and at Skirball Institute of Bimolecular Medicine, NYU has become a leader in the field of immunology and immunological response to viruses and tumors. We're now recruiting a world class immunologist who will apply her research to vaccine therapy.

The NYU Cancer Institute is strongly positioned to develop new therapies in cancer vaccines, and thus make a major impact on cancer treatment. NYU plans to build a multidisciplinary program for new immunological treatments of prostate cancer and cancers of breast and skin.

What we are doing, in fact, is determining that we can find the specific antigens that are on tumor cells and use those to

in fact immunize and augment our immune response to tumors. Thus, we are creating a vaccine laboratory at the NYU Cancer Institute that will produce and study vaccines for cancers and most importantly, will determine their efficiency in patients through rigorous clinical trials.

The cost of the project is approximately \$20 million to \$25 million. The medical center expects to raise \$5 million in philanthropy to fund the project and to receive several million now in grants to the investigators involved. The remaining funds will be provided by the medical center and possibly additional fund raising. We are respectfully requesting Federal assistance in the amount of \$5 million for capital costs from the HRSA health facilities construction account in fiscal year 2003 for helping us.

I just wanted to say briefly, having led the pediatric oncology program at Harvard for many years, and in fact, having now cured 90 percent of kids with leukemia, we continue to do that at extraordinary cost in terms of the toxic drugs we use. So as an investigator, the possibility that we could develop vaccines that will use our own immune system to eradicate cancer is a very exciting opportunity, which is about to happen. Thank you.

[The prepared statement of Dr. Burakoff follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you. Question, we have a number of cancer institutes, like the one in Texas, M.D. Anderson. Do you share, I mean, obviously you partner with NIH and I assume you get NIH grants for research?

Dr. Burakoff. We do.

Mr. Regula. But do you share information that represents maybe a breakthrough or unique treatment that works with the cancer institutes around the United States?

Dr. Burakoff. Yes. In fact, I think over the last several years, more than ever. So in fact Saturday, or Friday I should be heading down to what's called the American Society for Clinical Oncology. We're in fact at the very cutting edge of research and information gathering, people are in fact sharing that information, in a formal and informal way. That's happening more and more with our realization that none of us can do it alone. We really have to work together.

Mr. Regula. That's good, because obviously the whole ball will move forward faster if all these institutes are helping each other with information.

Dr. Burakoff. In fact, I think secrecy is a no longer accepted mode of functioning any more.

Mr. Regula. That's encouraging. Thank you very much.

Dr. Burakoff. You're welcome.

Tuesday, May 14, 2002.

AMERICAN MUSEUM OF NATURAL HISTORY

WITNESS

MICHAEL NOVACEK, SENIOR VICE PRESIDENT AND PROVOST OF SCIENCE, AMERICAN MUSEUM OF NATURAL HISTORY

Mr. Regula. Michael Novacek, Senior Vice President and Provost of Science, at the American Museum of Natural History.

Mr. Novacek. Thank you for the opportunity, Mr. Chairman, to appear today to speak on the American Museum of Natural History's behalf, in support of the Departments of Health and Human Services and Education.

This Subcommittee, with its scope that includes the DHHS and Education plays a pivotal role in determining our Nation's health and welfare. DHHS, under distinguished leadership leads the country's health related research and training. The Department of Education, under the experienced leadership, addresses critical national needs by working to assure quality education opportunity for all.

The Subcommittee's broad purview mirrors that of the American Museum. So we are keenly aware of the critical importance of vigorous funding for health, research and education. For more than 130 years since our founding in 1869, we have pursued a joint mission of science and education, of examining critical scientific issues and educating the public about them. This twin mission underpins everything we do, in research and education, in exhibitions and in collections.

Our audience is one of the largest and most diverse of any museum in the country, with nearly 5 million visitors last year, including nearly 500,000 school-age children, as well as thousands of students and teachers visiting in school groups. Our collections are vast, more than 32 million natural specimens and cultural artifacts constitute a priceless scientific resource, including many endangered and extinct species, the world's most comprehensive collections of dinosaurs, fossil mammals, northwest coast cultural artifacts and one of the world's most important bird collections.

Our research programs are renowned worldwide. More than 200 museum scientists conduct collections based research programs as well as field work and training in fields ranging from paleontology and conservation biology to anthropology and astrophysics.

In our new Institute for Comparative Genomics, researchers are mapping the genomes of non-human organisms and creating new super-computing tools to retrace the evolutionary tree of life. The Museum also conducts undergraduate, graduate and post-doctoral training programs in conjunction with a host of distinguished universities.

The Museum builds on its unparalleled resources to promote public education for all ages. In addition to exhibitions, we provide standards-based materials and programs for students, professional development for teachers, workshops and field excursions for adults, and award winning online educational resources for learners of all ages through our National Center for Science Literacy, Education and Technology.

Among our most ambitious and exciting new science and education initiatives concerns comparative genomics. In the genomics era, natural history museum collections have become

critical baseline resources for genomic research. For the assessment of genetic diversity of natural populations and for the pursuit of health related research questions, genomes, especially those of the simplest organisms, provide a window into the fundamental mechanics of life. Conducting genomics research with a natural history perspective promises to enrich our knowledge not only of biodiversity but also of human evolution, medicine and life itself.

So as to contribute its unique resources and expertise to our national genomic research and education efforts, in 2001 we launched the Institute of Comparative Genomics. The Institute grew out of our expanding capacity in comparative genomics in 1990, when we established a molecular systematics program. Today more than 40 of our museum researchers in molecular systematics, conservation genetics and developmental biology conduct genetic research on a variety of study organisms. Their work contributes to an understanding of the rate and extent of evolution, the grandest of all biological experiments that took place over the 3.5 billion year history of the Earth.

This information is essential for using genomics to improve medical treatment and predictive capabilities and for such applications as forensics and conservation biology. The Institute is equipped not only with scientific expertise, but also with advanced research facilities that include state of the art molecular systematics laboratories with DNA sequencers, a super cold storage facility for the Museum's expanding collection of preserved biological tissues and DNA specimens from a wide range of species, and the fastest parallel computing facility for research in evolutionary biology, a 560 processor cluster built in-house, from scratch, by museum scientists.

The Institute is also committed to using the Museum's education and technology resources in innovative ways to promote public understanding of and education about genomics. It has already launched a rich agenda of genomic related exhibition, conference and public education programming, including our landmark 2001 exhibition, The Genomic Revolution, which examines the revolution taking place in molecular biology and its impact on modern science and technology, natural history, ethical and legal issues and our everyday lives.

Approximately 500,000 visitors saw the exhibition in New York, and many thousands more will see it as it travels nationally on a tour which was launched last month at the North Carolina Museum of Natural Sciences. Now we plan to use advanced educational and distance learning technologies to expand the reach of our genomics related educational resources throughout New York and across the Nation.

The Museum looks forward to contributing to the Nation's health research and education. We urge strong and increased investment in health research and facilities, in education and training, to help move these vital national concerns forward. The American Museum of Natural History deeply appreciates the work of the Subcommittee.

Thank you, Mr. Chairman and members of the Subcommittee, for the opportunity to appear before you today.

[The prepared statement of Mr. Novacek follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you. I'm on the Board of Regents of the Smithsonian. I go out to Suitland and I see thousands of things in jars and artifacts. You must have the same problem there, with collections that just won't stop.

Mr. Novacek. Collections are both a blessing and a problem. [Laughter.]

But those collections, Mr. Chairman, are actually worlds of discovery. We still continue to make discoveries in them, especially if we can maintain them and provide the kind of modern data bases that are required.

Mr. Regula. Do you ever have deaccession?

Mr. Novacek. Rarely. But we do where we see an opportunity for benefit for maintaining the Museum's mission in science and collections care.

Mr. Regula. Do you loan out artifacts to museums, either in New York State or in other areas?

Mr. Novacek. We have a very, very extensive loan program on an annual basis. Many, many scholars and institutions, hundreds of institutions are actually using, studying and we are loaning material to them, as well as many exchanges in the exhibition tours.

Mr. Regula. Even probably internationally.

Mr. Novacek. Oh, yes, absolutely.

Mr. Regula. Are you a 501(c)(3)?

Mr. Novacek. Yes.

Mr. Regula. Does the State, I assume the city and the State give you financial support, as well as the private sector?

Mr. Novacek. We do. We have especially city support and State support. And also private institutional support, and substantial Federal support for our research and educational efforts.

Mr. Regula. Would you get any NIH funding?

Mr. Novacek. We have just broken that barrier. We have recently, this year we're delighted to receive an NIH award for the study of the evolution of bacterial species that have great applications for understanding disease and the evolution of disease. So what's important here, from this evolutionary perspective, it's clear that many solutions to biomedical problems may be found, and NIH is more strongly recognizing that direction than they have in the past.

Mr. Regula. Are we staying ahead of the bugs? [Laughter.]

Mr. Novacek. Mr. Chairman, it's an arms race. It's one, I can't say we're ahead of them. We can be momentarily ahead of them and then they can be ahead of us. That's why it takes an astute study of the capacity of organisms to evolve and adopt a resistance to disease. The key to understanding that, we believe, is knowing what happens among organisms in their ecosystems and in their evolution.

Mr. Regula. It is amazing, I just read an article the other day of how the disease carriers mutate and develop, overcome our medicines.

Mr. Novacek. As incredible and sophisticated as we are, as scientists and medical researchers, organisms are equally, if

not more incredible.

Mr. Regula. Thank you very much.

Mr. Novacek. Thank you.

Tuesday, May 14, 2002.

THE ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS

WITNESS

JOHN E. MAUPIN, JR., PRESIDENT, THE ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS

Mr. Regula. Dr. John Maupin, President, Association of Minority Health Profession Schools. Dr. Maupin.

Dr. Maupin. Good afternoon, Mr. Chairman, and thank you very much for this opportunity to present the views of the Association of Minority Health Professions Schools. I have the privilege of being President of Meharry Medical College in Nashville, Tennessee, and have begun my representation as President just over the last several months.

Mr. Regula. Is this a 501(c)(3)?

Dr. Maupin. Yes, it is.

We have over the years had the opportunity to come before this Committee and we represent 12 historically black medical, dental, pharmacy and veterinary schools. Combined, our institutions have graduated over 50 percent of African American physicians and dentists, 60 percent of the Nation's African-American pharmacists and 75 percent of the African-American veterinarians. As we say to many, we are very proud to carry the disproportionate responsibility of ensuring diversity in America's health professions work force.

Mr. Chairman, there is compelling evidence that supports the fact that there is a health disparities crisis. I'm sure this Committee has seen that evidence, and in fact has received testimony in support of that. A recent Institute of Medicine report further amplifies this crisis by helping us to understand without question any more that racial and ethnic minorities tend to receive lower quality health care than whites, even when insurance status, income, age and severity of conditions are comparable.

Historically black health professions institutions are addressing this national concern. Studies have demonstrated that when African-American and other minorities are trained in minority institutions, they are more likely to serve in medically under-served communities, they are more likely to care for minorities, they are more likely to accept patients who are under-insured and uninsured, and they are much more sensitive to the issues of ethnically competent, culturally sensitive evidence based, community based care.

In spite of our proven success in training health professionals, our distinguished legacy of community based services to the poor, and long standing commitment to research that focuses on diseases that disproportionately affect minorities and African-Americans in particular, our institutions continue to face a financial struggle inherent to our mission.

The result is that AMPHS institutions cannot rely on tuition, because we focus on keeping tuition low for the students we served, on patient care, because almost 70 to 80 percent of our patients are either uninsured or in Medicaid, and we do not have the cross subsidy higher forms of insurance and we do not have large endowments. Because of those constituents we serve, our endowments are small, one-tenth of the average institutions in America.

So we are unable to respond to discontinuation of Federal support, because our mission is in partnership with the public mission that is at hand, especially as we face this continuing crisis of health disparity.

Mr. Chairman, we appreciate, sincerely appreciate, the Subcommittee's consistent support for such programs as the Health Resources Services Administration health professions programs, Centers of Excellence, health careers and opportunities programs, scholarships for disadvantaged students and the faculty loan repayment and faculty fellowship programs. We appreciate greatly the support that has been given to the Department of Education's Title III, Strengthening Historically Black Graduate Institutions program.

And we sincerely and extremely are grateful for all that this Subcommittee did in support of doubling the NIH budget, but in particular the establishment of the new National Center for Minority Health and Health Disparities Research. These three programs have always been vital to our existence.

We have always been very supportive of an understanding that there has to be a collection and a comprehensive approach and that's why our institutions do strategic partnerships with other major institutions. But while we struggled over the years and feel like we're just about on the edge of being able to make an even greater difference in the face of this national crisis, we are very disappointed in the Administration's budget that all but wipes out these programs I just mentioned.

So for fiscal year 2003, AMPHS joins with Health Professions and Nursing Education Coalition in recommending a funding level of at least \$550 million for health professions training. My written testimony as submitted to the Committee expounds on the purpose of many of the health professions programs and explains why they are so crucial.

We thank you for this opportunity to present our views, and I will respond to any questions you may have.

[The prepared statement of Dr. Maupin follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Do most of your schools have teaching hospitals?

Dr. Maupin. Yes, most all of our schools that are medical, dental in particular, are associated with teaching hospitals, all of which are associated with institutions like Meharry, that works with General Hospital. We actually relocated, closed our hospital down after having it for a long period of time, relocated it to the city's hospital, so there would be an economy of scale and a partnership in the same mission.

Mr. Regula. Do you get State support?

Dr. Maupin. We get State support, we get city support. But when you look at our institutions, and I'll use Meharry, there are three different sources of funds that have to be garnered. Patient care is one. And that's always distinct. We don't have the ability to cross subsidize. Educational funds come from major support from programs like the Title III programs, the Centers of Excellence programs, the HCOP programs, HRSA programs.

In research, we finally have broken through to receive the kind of research infrastructure needed to be able to do the type of research necessary, cutting edge research. Research infrastructure is extremely expensive, as you well know.

Mr. Regula. Do you get any NIH funding for research?

Dr. Maupin. The money for NIH funding research has come through, the new center funding has put us on the cutting edge. What has happened by this budget, after having reached that point, it's like the rug being pulled out from under you.

Quite frankly, Mr. Chairman, as the budget is currently structured, we will close several of our institutions.

Mr. Regula. Well, the rug's not out until we file our bill.

Dr. Maupin. I appreciate that.

Tuesday, May 14, 2002.

SPORTING GOODS MANUFACTURERS ASSOCIATION

WITNESS

THOMAS COVE, VICE PRESIDENT FOR GOVERNMENT AFFAIRS, SPORTING GOODS MANUFACTURERS ASSOCIATION

Mr. Regula. Mr. Thomas Cove, Vice President for Government Affairs, Sporting Goods Manufacturers Association. Mr. Cove.

Mr. Cove. Thank you, Mr. Chairman. Thanks for the opportunity to testify today. I'm clearly in the minority, being on the business side, and we appreciate the Committee's giving us a space here.

I'm here today to talk about the Physical Education for Progress program, the program commonly referred to as PEP. It is a competitive grants program that provides funds to local school districts to improve physical education programs. Funds can be used to train teachers and purchase equipment. Started two years ago in 2001, the program was authorized last year in the Elementary and Secondary Education Act, the No Child Left Behind Act.

Congress funded the program last year at \$50 million, and we thank you very much for that. We respectfully request that the Committee fund it at \$70 million this year.

I'd like to use my time to make two basic points. One is to talk about the alarming trends with regard to physical activity and obesity, and secondly, why physical education, we believe, is a very viable response to that. First, the statistics about youth obesity, most of us have heard them, they're on TV all the time, they're in the newspapers, widely quoted.

The percentage of overweight young Americans has more than

doubled in the last 30 years. Just last year, the Surgeon General confirmed that obesity is reaching epidemic proportions. In a report that he issued, he went on to say that this problem could cause as much preventable disease and death as tobacco, which is currently listed as the leading cause of death in this country. So as tobacco is being addressed, inactivity and poor diet is going to be the leading cause of death in this country, preventable death.

We know that an obese adolescent is 75 percent more likely to become an obese adult. How does this show up in disease with children? Twenty years ago, only 2 percent of all cases of Type 2 diabetes were found in kids and people 9 to 19 years old. Now it ranges all the way from 30 to 50 percent. They in fact have a new name for it, child onset diabetes. They never even had that before.

Clearly the data are starting to come in that this is a result of diet, but more than anything inactivity. Fewer than one in four children get 20 minutes of vigorous activity each day, fewer than one in four, vigorous activity each day. When you look at the studies of how children spend their time, it's no surprise, we're losing out to the electronic media. A 1999 survey showed kids aged 2 to 18 spend 4 hours a day watching video tapes, playing video games, using a computer. Most of this time, 2 hours 46 minutes, watching TV. We think that's a concern for a variety of reasons, but certainly with regard to health.

At the same time the obesity is rising, physical education offerings are actually being reduced. In 1991, the Surgeon General called for 50 percent of all high school kids to be in physical education. At the time, it was 41 percent. In fact, we have not gone up but gone down. That number is now 27. So when he called 41 percent to go to 50, we've gone down to 27. Obesity rates have risen dramatically.

We could go on and on about that, and this Committee knows as well as anyone of the threat posed by obesity and the trends in that area. Why physical education? First of all, it's clear that physical education builds the things we would think of, cardiovascular endurance, muscle strength, flexibility, weight regulation, all that.

But more than anything, we really believe that teaching an active lifestyle to children will go a long way to helping them grow up to be active and healthy adults and particularly with regard to children. An active lifestyle leads to a constructive use of leisure time. The Committee has funded the Youth Media campaign with the CDC, and the CDC believes the same thing, that if kids are active, they're going to do a whole lot of other socially desirable things. We think that physical education really does influence behavior patterns in children.

Just one quick point on the crisis before I leave that, as employers we're well aware, representing the business community, we're well aware of the economic impact of health care costs and as they rise. Obesity now being called a \$100 billion cost to the American people. And if you think about our trends going from where we are now with the obesity crisis with children to adults and the impact of health care at that level, that number is going to rise maybe \$200 billion, maybe \$300 billion.

Physical education, in summing up, we really believe it can be cost effective. It's universal. More than anything, it reaches the children who are not going to be playing sports, it reaches the child with a bad body image or uncoordinated or shy, who's not going to try out for sports. When you look at what this program does, it encourages use of equipment and newly trained teachers and innovative programs to get the very children who are not getting any exercise, not getting any activity, engage them. And if you look at how the products are being used, fly fishing, cross country equipment, in-line skates, mountain bikes, all the things that are kind of hip and ready and exciting for kids and could be attractive with the appropriate instruction if we deliver it to them through the mechanism of schools.

[The prepared statement of Mr. Cove follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you very much. We've heard a lot on that problem.

Tuesday, May 14, 2002.

AMERICAN SOCIETY FOR NUTRITIONAL SCIENCES

WITNESS

JOHN W. SUTTIE, AMERICAN SOCIETY FOR NUTRITIONAL SCIENCES

Mr. Regula. Dr. John Suttie, Member and former President, American Society for Nutritional Sciences.

Dr. Suttie. Thank you, Mr. Chairman. I'm here this afternoon representing the American Society for Nutritional Sciences. This is the major professional society for researchers in this area of science. We have approximately 3,000 members.

I'm here today first to thank this Committee for their strong support of the NIH budget over the last few years. We are part, one of the constituent societies of FASEB, the Federation of American Society for Experimental Biology, and we would additionally here today support their request to continue by adding 15 percent to the budget of the NIH to reach the doubling in 5 years, to make an appropriation in 2003 of \$27.3 billion.

It's a lot of money, we know that, as scientists. I'd like to just mention a couple of things about the role of nutrition research within NIH and the importance of it. One point is simply that if you look at the major debilitating diseases in this country, such as obesity, cancer, heart disease, diabetes, all of these have very strong nutritional components. Very recently, Secretary Thompson pointed out the very strong importance of prevention, pointing out very accurately that preventing disease is a lot cheaper than curing disease. When we look at this, nutrition research is very important.

Nutritional researchers are effectively involved in defining the role of nutrition in these various diseases and indicating the variation within the population that might be present.

The second major point we should take under consideration is the fact that again, with strong support from this Committee and through NIH, as well as the private sector, an understanding of the beginning of the human genome is currently at hand. So nutritional scientists are able now to look at what are those reasons that people have different nutritional needs for different nutrients. We're able to look specifically at disease patterns in different individuals and be able to eventually identify which individuals in our population are most susceptible to certain diseases, and to find out whether some nutritional intervention at a very low cost would help some of those individuals.

So those are two areas where I think it's important that the various institutes within NIH continue to back a very strong nutrition research program. It can be a very effective tool in dealing with many of the problems in the country.

With regard to the increase in the NIH budget, I would just like to bring one consideration to the forefront of the Committee. We have drastically increased the budget of NIH. I guess another way to look at it is, have we drastically increased the number of investigators that are receiving NIH grants. The majority of NIH money goes to individual researcher initiated grants. The data always lag a little bit behind, but over the first three years of the doubling process, the total NIH budget increased approximately 50 percent. The number of investigators funded by this increase increased about 16 percent.

Obviously, experimentation becomes more expensive every year. There may be some value in increasing the amount of individual grants. On the other hand, it seems that if we have more people working on more projects, we have a better chance of finding out something new and different.

Science moves in a very jagged process. Things continue for a while and then somebody finds out something new. Then everybody else is able to take advantage of that and move things forward. So I guess I'd like the Committee to consider in their deliberations whether some more emphasis might be given to increasing the population of scientists that are funded by these grants.

Again, thank you for the opportunity to appear here, and thank you for your help in the past.

[The prepared statement of Dr. Suttie follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Do you think we need a clearinghouse to get this information shared? It seems to me sometimes different institutions are busy reinventing the wheel. If you could pool the research----

Dr. Suttie. I think from the outside it's not easy to see how rapidly scientific information is passed around today. Publication of results are faster than they used to be. At the

present time, a lot of journal articles are available three, four months before they're printed, electronically. So I think information is widely shared.

Obviously, NIH ends up funding a number of people who are doing very similar things, because we don't know what's going to be successful. But I don't think, as somebody pointed out here 15, 20 minutes ago, I don't think that today we see except perhaps in areas which verge on proprietary types of research, we don't see a lack of individuals willing to share information with each other. Scientists in general like people to know what they're doing. That's what they get credit for. So they don't go and hide what they're doing.

Mr. Regula. We're all that way.

Well, the journals probably carry a lot of the information that's developed.

Dr. Suttie. The journals carry a lot of it. I happen at the present time to be the editor of the Journal of Nutrition. We cover nutrition research in a lot of areas and we get that material out rapidly.

Mr. Regula. There's a cliché, you are what you eat, do you agree? [Laughter.]

Dr. Suttie. We are what we eat until we modify it too much.

Mr. Regula. Okay. Fair enough. That is a cliché.

Dr. Suttie. Well, it is, yes.

Mr. Regula. Thank you very much.

Dr. Suttie. Thank you.

Tuesday, May 14, 2002.

THE NEPHCURE FOUNDATION

WITNESSES

LOU ANTOSH, PRESIDENT, THE NEPHCURE FOUNDATION

MELANIE STEWART

CHRISTINE ANTOSH

Mr. Regula. Lou Antosh, President, NephCure Foundation. He's accompanied by Melanie and Christine.

Mr. Antosh. Thank you, Mr. Chairman.

NephCure Foundation is a 501(c)(3). We're busy in our second year. And we work pretty hard for people like Melanie Stewart, your photo partner down there, and my daughter Christine. NephCure was formed by a group of parents of sick kids, who realize that while there are a lot of kidney groups out there, nothing was really specifically focused on the condition that was threatening Melanie and Chrissy and thousands like them.

Our cause includes something called nephrotic syndrome, which causes the legs to swell and the face to distort. Some fortunate patients are treated with steroids and the syndrome disappears.

But steroids and other drugs have been no help to Melanie or my daughter. And they have both progressed to something called FSGS. FSGS baffles scientists. We're very grateful that this fall, the NIDDK will begin clinical trials into drugs that

treat FSGS. But those trials don't hold any hope for these two girls. They have failed to respond to the drugs that these trials will study.

Right now, our only hope at this point is you. Here's why. We have top researchers on our board. They tell us that the planned clinical trials don't go far enough. The trials will collect kidney tissue and blood and urine samples. But there is no money set aside to do basic science to study the molecular mechanism that might cause this disease.

Mr. Regula. It's set aside by NIH?

Mr. Antosh. Correct. The trials will be basically for drug therapies, to see how they work.

So on behalf of these kids and many others, we're urging you to ask NIDDK to expand this project to include a basic science component. We're going to put some money where our mouth is. We've negotiated with NIDDK, and we're offering to put some money up and match money from NIDDK to begin a basic science component connected with these trials. We've met with Dr. Allen Spiegel on that.

But much more is needed. We're only doing a little bit, as much as we can, our foundation.

Our experts worry also that the amount of money to be awarded for the administration of these trials won't be sufficient to handle the successful trials for 400 patients. They say additional funds are needed to form coalitions, attract the right number and mix of patients. We urge that the NIDDK increase the level of funding to satisfy the needs of the four centers that will be selected for this project, which is a very exciting project and very important to us.

Because FSGS occurs in a disproportionate number of African-American people, and they have the worst prognosis, we urge you to request that the National Center for Minority Health and Health Disparities initiate studies into this phenomenon.

We would also ask that these diseases, nephrotic syndrome and FSGS, have some kind of high profile in the new National Kidney Disease Education Project. Of course, we support the 16 percent budget increase for NIDDK.

My daughter has experienced the facial swelling and disfigurement that flares up from time to time with FSGS patients. She looks fine now. But the disease is scarring her kidneys. She's one of thousands of young people in a race against time.

We're looking for hope and we're asking you today to give us some hope. With great respect for her courage and her indomitable spirit, I'd like to present another one of these young heroes to you, Melanie Stewart.

Ms. Stewart. Hi, my name is Melanie Stewart. I'm 15 years old and I've been fighting FSGS since I was 7.

Over the last eight years I've spent most of my time in the hospital or hooked up to a dialysis machine while trying to keep up my school work. Three years ago, FSGS destroyed both my kidneys. On April 21st, 1999, my dad gave me one of his. That year after the transplant was one of the hardest. Over that time I had apheresis procedures done three times a week. PTLN, a form of cancer, was also found on my head. The PTLN was caused by the high doses of immune suppressant drugs that I was given. In November of

2000, I almost died because of a blood infection and a blood clot in my heart caused by the apheresis catheter.

In March of last year, the day I was to testify before you, I had my donated kidney removed. I am now on dialysis again and forced to start over. There are thousands of people like me, mostly young, who would like a chance at a normal life and a cure. For everyone, I am asking for your help, to help me meet my goal for a cure.

Thank you for inviting me to speak before you today.

[The prepared statement of Mr. Antosh and Ms. Stewart follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Do you girls use dialysis?

Ms. Stewart. I do.

Ms. Antosh. I still have both my kidneys.

Mr. Regula. You have both of them?

Ms. Antosh. Both of them, right now.

Mr. Regula. Do they function well enough that you do not have to have dialysis?

Ms. Antosh. Right.

Mr. Regula. But you have a concern as to the future?

Mr. Antosh. Biopsies show that they're starting to scar. The kidneys are beginning to scar.

Mr. Regula. They're scarred by?

Mr. Antosh. This disease deals with the filtration unit of the kidney, called the nephron. There are 1,000 nephrons in every kidney. Not very much has been known because they're so tiny and we've been unable to see what happens in there. Scientists are getting fairly excited about looking at the filtration unit and seeing what happens in that little filtration area.

We know that in what they have, there is some disfigurement of the barrier. Protein leaks out, as does albumen. When the protein leaks out, somehow it causes the scarring of that structure, and once the kidney scars enough, they become dysfunctional.

Mr. Regula. How often do you have to go?

Ms. Stewart. I do it at home, it's peritoneal dialysis. The one that you go down to the hospital for is called hemodialysis, it's a blood transfusion kind of thing.

Mr. Regula. Well, we hope we can find a cure.

Mr. Antosh. Thank you, sir.

Mr. Regula. I'm sure NIH is doing research on it and Dr. Spiegel is quite good. He was in my district this Saturday.

Mr. Antosh. Some very good things are starting to happen. We're very grateful.

Mr. Regula. I know that he's very intense in his efforts. We hope we find something. Thank you for coming and testifying.

Tuesday, May 14, 2002.

NEW YORK UNIVERSITY DOWNTOWN HOSPITAL

WITNESS

RALPH MASTRANGELO, EXECUTIVE VICE PRESIDENT, BANK OF NEW YORK; CHAIRMAN
OF THE BOARD, NEW YORK UNIVERSITY DOWNTOWN HOSPITAL

Mr. Regula. Ralph Mastrangelo, Vice President, Bank of New
York. New York University Downtown Hospital, you're a board
member and you're testifying on behalf of the Hospital.

Mr. Mastrangelo. Yes, I am Chairman of the Board of
Trustees.

Mr. Regula. Is this a State, Federal?

Mr. Mastrangelo. It's a non-profit hospital.

Mr. Regula. City?

Mr. Mastrangelo. No, private non-profit.

Mr. Regula. Private non-profit.

Mr. Mastrangelo. That's correct.

Mr. Regula. And it's part of New York University.

Mr. Mastrangelo. It's affiliated with, but a standalone
institution responsible for its own finances and its own
delivery of care.

I have with me, Mr. Chairman, two colleagues from the
hospital. We have Dr. Howard Beaton, who's Chief of Surgery,
and Dr. Tony DeHara, who's Associate Medical Director for our
Emergency Center.

Mr. Regula. Do you have general coverage patients that come
in the door?

Mr. Mastrangelo. Yes. We are a community acute care
hospital, in fact, and we provide a range of services to our
communities downtown.

Mr. Regula. Are you associated as a teaching hospital with
New York University?

Mr. Mastrangelo. Yes, we are. I'll begin and then I'll be
glad to answer additional questions.

NYU Downtown Hospital, as I mentioned, is a non-profit
acute care community hospital in lower Manhattan. We are
located just three blocks from the World Trade Center site. The
population we serve includes some 260,000 residents downtown,
some 375,000 daily commuters and more than 8 million tourists
and visitors annually.

I have worked myself 30 years in this community and know
how vital this hospital is to the people, visitors and business
people in lower Manhattan.

It was never truer than it was on September 11th. For the
past two years, we have come to you seeking critical funding
for our emergency center reconstruction project, and you have
generously responded. For that, we are very, very grateful. We
are particularly appreciative of our Congressman, Jerry Nadler,
for advocating on our behalf and for the ongoing leadership of
New York Congresswoman Nita Lowey, who sits on this very
important Committee.

Once again, we are seeking your help in the fiscal year
2003 budget. Three years ago, we launched a public-private
partnership drive to secure the \$25 million needed to rebuild
our 30 year old emergency center. To date, we have raised close
to \$18 million. Nearly \$13.8 million has been donated by
downtown corporations, another half million by local community

organizations, and the remainder has been awarded by city, State and Federal Government.

The design of the new facility has been updated to reflect the best thinking on emergency preparedness for this new world in which we live. The design process will be finished shortly and in anticipation of additional Federal and private support we hope to begin construction later this year.

Rebuilding our emergency center and retrofitting our facility to address needs stemming from what we learned on September 11th is both imperative and urgent. On an average day, we see approximately 100 patients. Some of our patients live in the local neighborhoods of Chinatown, the lower East Side and Battery Park City. Others come from the Wall Street business community and still others work in one of the Federal, State or local government offices nearby.

September 11th, however, was no average day. Immediately after the terrorist attack, a team of 21 physicians and nurses was dispatched to ground zero to help treat survivors pulled from the wreckage. We treated more than 550 patients that day, many with very serious injuries. After the Twin Towers collapsed, NYU Downtown Hospital sheltered some 450 people and escorted another 200 or more on foot over the Brooklyn Bridge and uptown, out of the dust cloud enveloping Lower Manhattan.

At the same time, and for several days thereafter, our telephone service was out. Additional emergency generators were hauled in because of the loss of electricity. Steam and gas service were cut. Water pressure was severely reduced and the air quality was extremely poor.

While the events of September 11th were horrific, experts say that biological, chemical, even nuclear and conventional weapons could cause many more casualties, truly testing our medical readiness. Without a doubt, the bar for medical preparedness has been raised.

NYU Downtown Hospital successfully juggled several crises, including a large influx of patients, multiple utility failures, communications breakdowns and pandemonium in the surrounding community. Yet circumstances could have been far worse.

Our emergency center hallways are cramped and examination rooms are split in two to accommodate patients. In fact, on September 11th, we necessarily had to extend the emergency room into the cafeteria. We have no MRI machine, a critical piece of technology that we could have used that day on patients suffering severe crush injuries. And we have no permanent facilities for the management of bioterrorism exposure and detoxification from hazardous materials, a deficiency that will be corrected in the new emergency facility.

I have no doubt Lower Manhattan remains a prime target for would-be terrorists. Our community is one of great national significance and general vulnerability. It is the nerve center of the American economy. It is home to virtually every major U.S. stock and commodity exchange, brokerage firm and international commercial bank. It is also where New York City Hall and the city, State and Federal court systems converge in a four square block area of Lower Manhattan.

We need your continued support and help. Again, thank you for recognizing the importance of this project in the past two

annual budget bills. We very much appreciate it. I respectfully request your thoughtful consideration for an additional appropriation in the amount of \$2 million for this coming fiscal year, so we may begin construction of the renovated emergency center.

Thank you so much for your time and your courteous attention.

[The prepared statement of Mr. Mastrangelo follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you. You must have a heavy commuter population.

Mr. Mastrangelo. We do, indeed, some 350,000 commuters come into the area every day.

Mr. Regula. You also must have a large emergency room operation.

Mr. Mastrangelo. We have a very important emergency room operation. It's not nearly large enough and needs to be upgraded desperately.

Mr. Regula. I can imagine. Well, thank you very much.

Mr. Mastrangelo. Thank you so much for your time.

Tuesday, May 14, 2002.

SUDDEN INFANT DEATH SYNDROME ALLIANCE

WITNESS

ALLISON GLOVER, SIDS TRAINING COORDINATOR, GEORGIA SIDS/OTHER INFANT DEATH INFORMATION AND COUNSELING PROGRAM, GEORGIA DEPARTMENT OF HEALTH

Mr. Regula. The next witness is Allison Glover, Training Coordinator, Georgia SIDS Death, Information and Counseling Program.

Ms. Glover. Chairman Regula and members of the Subcommittee, thank you for the opportunity to present testimony on my experience with Sudden Infant Death Syndrome, which is otherwise known as SIDS. Although I am proud to share my family's story, I would rather not have a story to tell.

In July of 2000, my husband and I found out that we were five weeks pregnant with twins. As the weeks and months passed, we prayed, we planned, we dreamed, and, most importantly, we tried to sleep. With all of the excitement and anticipation building up, we found ourselves up late at night talking and laughing about what our lives would be like with two toddlers running around.

My pregnancy went well. I began my prenatal visits at seven weeks. I am a former two-time all-American in track and field, so, of course, I exercised, I ate well, I took my prenatal vitamins, and I slept as often as I needed to. I did everything within my power to be healthy for the sake of my boys.

Our five-year-old daughter, Victoria, was excited about the

thought of having two new brothers and she did not even mind sharing her toys with them.

On Wednesday, February 23, 2000, Garrett and Gordon Glover bounced into the world. Although I delivered the boys at 33 weeks, both boys were healthy, they were just underweight, just like their mom. They simply needed growing time. Garrett stayed in the hospital for one week, and Gordon stayed in for three weeks.

Things were great having the boys at home. The boys had distinctively different personalities and Victoria was crazy about her baby brothers. She sang and read to them often. As a family, we felt complete.

On Wednesday, May 10, 2000, the boys had their two month check-up and shots. They were eleven weeks old and perfectly healthy. That evening they were just fine, they were not cranky and they did not run fevers. My husband fed them at 11:00 p.m. and rocked them both to sleep. I placed the boys in their cradle which was one foot away from my bed. I laid Garrett down and went to sleep at midnight. At exactly 3:16 a.m., Gordon awoke crying to be nursed. I lifted him out of the cradle and began tapping Garrett to wake him up. Garrett would not wake up. I lifted him out of the cradle and realized that he was not breathing.

I screamed for my husband, who is a police sergeant, to wake up and do CPR while I called 911. The police and firefighters and an ambulance were at our home within minutes. The ambulance took Garrett and my husband to the hospital as I dressed Victoria and Gordon for the ride. I was in complete shock. I prayed for a miracle. I could not believe what was happening to us. I thought I was having a nightmare. When I reached the local hospital my husband met me outside in the driveway to tell me the bad news. I screamed so loudly that I sometimes feel as though I am still screaming today.

We stayed with Garrett in the hospital for three hours. Fifteen of our family members came to the hospital at 4:30 that morning to say good-bye to Garrett and to support us. They held him, kissed him, and sang all of his favorite songs to him. These were the greatest things that they could have done for us at that time. The longest ten minutes of my life were the last ten minutes that I spent holding my Garrett. You cannot imagine that awful pain that we felt and the grief that I still feel today.

Garrett's funeral was on Tuesday, May 16, 2000, just two days after Mother's Day. Mother's Day will never be the same for me. May the 11th was a day that dramatically changed my family's lives forever. More than 400 family members and friends attended my son's funeral.

Three days ago we marked the second anniversary of Garrett's passing and we are still grieving his death daily. Whenever we remember how Garrett tried to out-sing Gordon and play footsies with him, we cannot help but laugh. His pictures are still all over our home and we talk about him as though he can hear us. I am grateful that we found peace with Garrett's death and I am thankful that I was able to love him for eleven weeks.

Mr. Chairman, I ask that this Subcommittee continue the effort to double the National Institutes of Health's budget by

providing a 16 percent funding increase for fiscal year 2003 and that this increase be spread equally among the various Institutes and Centers. For the sake of my Garrett and the 3,000 babies who die mysteriously every year from SIDS, I ask that you provide a 16 percent increase to the National Institute for Child Health and Human Development which conducts research and funds educational activities on SIDS. Additionally, I encourage you to adequately fund the Health Resources and Services Administration's Maternal and Child Health block grant which funds outreach and support services for SIDS bereavement to every State in America. Finally, I ask that the Centers for Disease Control and Prevention fund at least three death scene protocol demonstration grants.

I urge you to take a stand and to continue to support the fight against SIDS. With your efforts, hopefully we can help other families avoid suffering the loss of their innocent infants. Some people can only speak of angels, but I had a chance to hold one. And this is my son Garrett.

[The prepared statement of Mrs. Glover follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. And we have no idea what causes it?

Ms. Glover. No one knows. It is believed that possibly some infants are more susceptible to SIDS than other due to having an immature arcuate nucleus, which is a portion of the brain stem. If an infant between the ages of two to four months is placed at some type of environmental risk, like if they are exposed to smoke or if they were born prematurely or born underweight, it is possible that that arcuate nucleus would not be mature enough to wake them if they rolled into a crib bumper or some type of blanket in their bedding that would cause them to rebreathe their own carbon dioxide. So while there is a lot of research that is being done at this time, we still do not know exactly what causes that infant to die from SIDS.

Mr. Regula. And his brother is okay?

Ms. Glover. His brother is perfectly fine. He is a powerhouse. You would think he drinks high octane gasoline the way he runs all around the house.

Mr. Regula. He keeps his sister busy, huh?

Ms. Glover. Absolutely. And we have a new baby who is six months old and we do not let her out of our sight. My husband is taking care of them at home right now.

Mr. Regula. Well, I hope we can find a cure so someone else does not have to suffer it.

Ms. Glover. Absolutely.

Mr. Regula. I have a grandson named Garrett.

Ms. Glover. Oh, wow.

Mr. Regula. Thank you for coming.

Ms. Glover. Thank you, sir.

Tuesday, May 14, 2002.

BROWN MEDICAL SCHOOL

WITNESS

DONALD J. MARSH, DEAN OF MEDICINE AND BIOLOGICAL SCIENCES, BROWN MEDICAL SCHOOL, PROVIDENCE, RHODE ISLAND

Mr. Regula. Mr. Kennedy, would you like to introduce your witness?

Mr. Kennedy. Thank you, Mr. Chairman, I would. I appreciate the opportunity today to introduce Dean Marsh, the Dean of Medicine and Biological Sciences at Brown University Medical School. There are few persons who are as well versed as Dean Marsh in the issues of today's medical schools and the challenges they face.

Dr. Marsh received his appointment as Dean of Medicine and Biological Sciences at Brown University in 1992. He also serves as a professor of the Department of Physiology and professor of biology. His research is in renal physiology and blood pressure regulation and mathematical biology. He received his A.B. from the University of California at Berkeley, and his M.D. from the University of California, San Francisco, and taught in the department of physiology and biophysics at NYU University and also at the University of Southern California. In 1991, he received a Merit Award from the NIH for his research into the regulation of renal body flow.

I would like to say it is an honor for us to have him here, Mr. Chairman, because of his broad depth of understanding and knowledge not only of medicine but also of the whole system of educating our physicians in this country. Of course, we are in a very precarious time in this country with respect to how we are preparing the next generation of providers, and he has a lot to comment on how we can do a better job of preparing the next generation of providers.

Welcome, Dean Marsh.

Dr. Marsh. Thank you, Congressman Kennedy, thank you very much. It is a great honor to be introduced by you. I would like to comment that the Congressman has been a vigorous and thoughtful supporter of the Brown Medical School and its affiliated teaching hospitals, and his leadership and support on critical health care issues have helped to make health care more accessible and affordable for all Rhode Islanders and people throughout Southeastern New England. I also want to thank you, Chairman Regula, and the members of this Committee for the support that has been provided by this Committee over the years to the NIH. The funds have had a greater impact than all other sources of funding combined on finding the causes, preventions, and treatments of the major health problems that afflict the citizens of our Nation and the world.

I am here today to talk about three issues of concern to all medical schools and academic health centers in the United States. The first is the National Institutes of Health and its budget, the second is health professions education funding through the Bureau of Health Professions, and the third is the Agency for Healthcare Research and Quality.

As we look ahead to fiscal year 2003, I want to express the support of medical schools throughout the United States, teaching hospitals, and the extramural research community for

the President's budget request for the National Institutes of Health, \$27.3 billion. The increase is necessary to complete the national campaign to double the NIH budget by fiscal year 2003. You have already expressed support this afternoon for that goal and I thank you very, very much for that.

NIH-supported research continues to improve the health and quality of life of all Americans. Indeed, because of increased NIH support, Brown and its affiliated teaching hospitals have experienced dramatic growth in research and discovery in the life sciences, work that will shape the character of tomorrow's healthcare for the Nation and the world.

As one example, a team of NIH-funded researchers in Brown's Brain Science Program reported recently that thoughts alone can move a cursor across a computer screen to hit a target. They demonstrated that signals from the brain that normally controlled hand movement can be decoded and used as the sole input to control a robot arm. This exciting research is a tremendous step forward in enabling paralyzed humans to regain the use of their limbs.

In fiscal year 2002, Congress appropriated \$110 million in extramural construction funding through NIH's National Center for Research Resources. This was an increase from the previous year, but remains insufficient given the growing need for resources. Outmoded laboratories provide a major obstacle to continuing the rapid advances in research that are possible. Increasing funding for construction will therefore leverage the investment in research grants.

Again returning to an example at Brown, the Life Sciences Building, which is our highest capital construction priority, will allow us to remain competitive in a research arena that promises to build significant knowledge. We have been awarded a \$2 million NCRR grant and we are competing for another NCRR grant to support the development of this \$100 million facility. We are grateful for the support and believe that these grants are an extension of the Federal/university partnership in the area of research.

The research community commends the Subcommittee for increasing extramural facility construction to \$110 million last year. However, this year the President has called for only \$77 million and there is a clear and documented need for several billion dollars to rectify the construction need. We appreciate the Federal support we have received to date and we urge the Subcommittee to appropriate \$300 million for NIH's extramural facilities improvement grants.

I would also like to thank the Subcommittee for providing increased funding for Titles VII and VIII of the Public Health Service Act in fiscal year 2002. The health professions and nursing education programs work to improve the quality, the geographic distribution, and ethnic diversity of the public health and healthcare workforce, particularly in underserved areas. Unfortunately, Title VII and VIII programs have been slated for a 75 percent cut under the President's budget. I hope you will support fully funding these programs during the appropriations process.

The President's fiscal year 2003 budget also proposes a 16 percent cut in the Agency for Healthcare Research and Quality, a cut that would curtail essential research on improving

healthcare quality, measurement, disease management, access, and financing of healthcare. I urge you to support funding for AHRQ to ensure that the agency can continue its critical health mission and further fulfill its role in improving the quality of healthcare and the quality of life for all Americans.

I would like to thank you for the consistent support that the Committee has shown to the healthcare and medical education in the United States. I would like especially to acknowledge the efforts of Congressman Kennedy, as well as other members of the Rhode Island delegation. And I am happy to answer any questions.

[The prepared statement of Dr. Marsh follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you very much. I am sure you have many challenges.

Dr. Marsh. This is a challenging time in medical education.

Mr. Regula. That is true. We appreciate your coming.

Dr. Marsh. Thank you.

Mr. Kennedy. Mr. Chairman, if I could just ask one question of the witness.

Mr. Regula. Oh, I am sorry. Yes.

Mr. Kennedy. Could you comment on how the advances in science now really outdate the current research facilities?

Dr. Marsh. I would be glad to do that. Modern research involves the introduction of ever more complex technologies. Old research facilities are simply incapable of providing an environment in which these newer technologies can be used to full effectiveness. New buildings, new facilities, new designs are really needed in order to take full advantage. It is just a question of leveraging what we have got so far to move as forcefully into the future as we can.

Mr. Kennedy. Is the NIH itself moving in this direction with their own campus?

Dr. Marsh. The NIH is certainly enjoying vigorous growth on their own campus, that is true.

Mr. Kennedy. Right. And to have this out in the university partnership is crucial to their advancement. So they need to make sure that this is going out in the field.

Dr. Marsh. That is right.

Mr. Kennedy. Thank you.

Dr. Marsh. Thank you.

Mr. Regula. Thank you.

Mr. Regula. Mr. Jack Stibbs, the Vice President for Advocacy, Pulmonary Hypertension Association. Mr. Stibbs.

Tuesday, May 14, 2002.

PULMONARY HYPERTENSION ASSOCIATION

WITNESS

JACK STIBBS, ADMINISTRATIVE VICE PRESIDENT FOR ADVOCACY, PULMONARY
HYPERTENSION ASSOCIATION

Mr. Stibbs. Good afternoon, Mr. Chairman. My name is Jack Stibbs. As the first item on the agenda, I would like to publicly thank Congressman Kevin Brady of the 8th District of Texas and his staff, David Malleck, for all of the continued work and drive and focus they have put into helping us find a cure for pulmonary hypertension. Thank you, Kevin.

Sir, I am the Vice President of Advocacy for the PHA, the Pulmonary Hypertension Association. But probably more importantly, I am the very proud father of a ten-year-old daughter, Emily, who was stricken with this disease back some five years ago. I appreciate the opportunity, on her behalf and on behalf of all of the patients with PH, to present testimony relative to the appropriations for the CDC, the NIH, and the HRSA.

Mr. Chairman, pulmonary hypertension is an incurable disease. For some inexplicable reason there is an aggregation or uncontrolled growth of smooth muscle cells in the lungs which eventually chokes off the body's ability to oxygenate the blood. The heart, being a muscle that it is, grows larger and larger trying to pump blood into those damaged lungs and eventually the patients die with right heart failure.

The survival rate, frankly, is not good. It has now been increased publicly, as the NIH has released, from three years to five years. But, fortunately, we are finding that many patients have been able to cope with the disease for up to twenty years with the better treatments that are on the market today.

The Pulmonary Hypertension Association had very humble beginnings. Some ten years ago, some three families got together in a kitchen in someone's home in Florida and literally emptied their pocketbooks and wallets on the table to come up with enough money to try to find other patients and share information about the disease. Today, ten years later, we have over 4,000 members of the Pulmonary Hypertension Association. We are doing good things in that we have a very sophisticated scientific advisory board, we have produced our own CD-ROM for the dissemination of information on pulmonary hypertension, and last month we came out with our first medical journal.

We have been very busy fundraising on our own. As a matter of fact, in our area in Houston we have raised over \$500,000. Part of that goes into a young researcher's grant program which we are excited about because it gets young researchers interested in the disease from an early age. Another program that we are very proud of is a joint venture that we have entered into with the National Heart, Lung, Blood Institute, the NHLBI, in which we are able to leverage their public dollars with our private dollars.

The PHA applauds this Subcommittee for its leadership in encouraging the CDC to initiate a professional and public awareness campaign focused on PH. Currently, we are working with CDC to establish this important program that will inform healthcare professionals and the general public about PH, its symptoms, and treatment options. We feel that increasing awareness and understanding of PH among primary care physicians is critically important because these practitioners are

usually the first point of contact with PH patients. If the primary care doctor misses the symptoms, then the chance for early diagnosis depends on the intuition and persistence of the patients.

Early diagnosis is the key to survival of this disease. And to increase awareness among primary care physicians, we hope to collaborate with the CDC in developing postcard mailings to be sent to all primary care physicians, medical schools and medical centers in the U.S. by advertising in publications primary care physicians are likely to read, and by disseminating the CD-ROM that I referred to that the PHA has developed. PHA is committed to increasing public awareness for the disease through the development of a series of public service announcements and also through expansion of the PHA's website, with a link to the CDC website, which features information about PH, including the importance of early diagnosis and available treatments.

Mr. Chairman, PHA commends the leadership of the NHLBI for its support of PH research. Two years ago, two separate groups funded by the NHLBI simultaneously identified a genetic mutation associated with primary pulmonary hypertension. The two groups independently reported defects in the BMPR2 gene, which regulates growth and development in the lung, are associated with PPH. The defects in the gene lead to abnormal proliferation of cells in the lung characteristic of PH.

Mr. Chairman, the only other point that I would like to make is relative to the organ transplantation and the text of that has been submitted to you.

I thank you for your time today.

[The prepared statement of Mr. Stibbs follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Are we making progress on PH?

Mr. Stibbs. Yes, sir. As a matter of fact, I am very proud to say that as of last February we had our first new drug in ten years and we have two others in clinical trials. The disease has gotten some notoriety with the diet drug Phen-Phen. They found out that that was one of the triggers. But many of the triggers, including whatever caused PH in my daughter Emily, are unknown. But we are making some progress.

Mr. Regula. Thank you.

Mr. Stibbs. Thank you, sir.

Mr. Regula. All right. We are going to move to Donna Nichols, Director of the Public Health Promotion Program, Texas Department of Health. We will try to get you expedited so you can get to your airplane.

Ms. Nichols. Thank you very much, Mr. Chairman.

Tuesday, May 14, 2002.

ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF HEALTH PROMOTION AND
PUBLIC HEALTH EDUCATION

WITNESS

DONNA NICHOLS, DIRECTOR OF THE PUBLIC HEALTH PROMOTION PROGRAM, TEXAS
DEPARTMENT OF HEALTH, AUSTIN, TEXAS

Ms. Nichols. Good afternoon, and thank you for allowing me the opportunity to appear before you today. I am Donna Nichols, Director of Public Health Promotion at the Texas Department of Health in Austin, Texas. I am here representing the Association of State and Territorial Directors of Health Promotion and Public Health Education. Our Association's primary mission is to promote health education and health promotion as core disciplines in the practice of public health, and to advocate for quality health education and health promotion programs which address the Nation's leading health problems.

Our members manage a variety of health promotion and disease prevention programs at the State health departments, including community health promotion, physical activity, cardiovascular disease, diabetes, cancer, injury prevention, obesity prevention and control, school and worksite health promotion programs, just to name a few. Members are also responsible for public health workforce development and continuing education for practicing health educators.

As you know, Mr. Chairman, over 90 million Americans live with chronic diseases, such as heart disease, cancer, and diabetes. These chronic illnesses account for 75 percent of our Nation's \$1 trillion annual expenditure on health care. While they are the most common health problems that cause 7 out of 10 deaths in the United States, they are also some of the most preventable.

Our Association strongly supports many of the important public health programs at the Department of Health and Human Services, and especially within the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention. Our advocacy efforts today focus on one single program which we believe has the potential to simultaneously produce three very significant outcomes, which are, to prevent the leading causes of death, to reduce health care costs, and to produce a healthier population.

Specifically, our Association and its many public health partners strongly recommend that you include \$60 million in the fiscal year 2003 appropriation bill for the Division of Nutrition and Physical Activity at CDC. The current funding level of \$27 million proposed by the President will support only 12 States with small planning or core grants. Ideally, all 50 States and territories should have what is known as a comprehensive grant which supports a full range of activities and community level programs. Presently, no State has a comprehensive grant. At the \$60 million funding level, CDC could support approximately 20 States with core grants and about 4 States with a larger comprehensive grant. We believe these investments are critical and would produce a great return for our Nation.

I know the members of this Subcommittee are aware of some of the data documenting the obesity epidemic in this country. However, for the record, I would like to take a moment to highlight the dimensions of this public health crisis.

So what is the Nation's fastest rising public health

problem? Well, it is obesity. It has increased by more than 60 percent in the past 10 years among adults, and rates have more than doubled in children and adolescents during the last 20 years. Approximately 45 million adults in the United States are obese, which is about 25 percent of the adult population. That is one in four of us today in this room. The rate among the Hispanic population has doubled in just the past 10 years from 12 percent to 24 percent. And yet the rate among African American adults is even higher, it is closer to 30 percent.

Obesity increases the risk of many chronic and disabling diseases such as cancer, diabetes, cardiovascular disease, and arthritis. And, yes, obesity has roughly the same association with chronic health conditions as does 20 years of aging. And to top it off, at least 300,000 preventable deaths occur each year with the leading cause resulting from physical inactivity and unhealthy eating.

There is good news, and that is the science is in. We now understand the relationships linking diet, exercise, and chronic diseases. Last year, for example, a major diabetes trial was ended a year early because the findings were so dramatic that they could not be delayed in their announcement. Last August, the researchers of the Diabetes Prevention Program announced their findings that diet and exercise, which achieved a 5 to 7 percent weight loss, resulted in a stunning 58 percent decrease in the incidence of diabetes--a far greater improvement than the pharmaceutical approach used in the comparison group.

Along with our nationwide obesity epidemic, we are also experiencing an epidemic of diabetes in the country. Type 2 diabetes is on the rise among children and accounts for almost half of the new cases in teenagers in some areas of the country. We know millions of overweight Americans are at high risk for Type 2 diabetes, and we know that we can prevent the eventuality of this disease by changing our diet and exercise habits.

So, why are so many people in this country overweight or obese? The answer is very, very simple. All we have to do is look at our everyday lives and the influence of our social behaviors. We are surrounded by poor nutritional choices. Can you say, ``Super size it''? Time in front of the television and the computer rather than in the playground or in the park.

And what I would like to end on, Mr. Chairman, is that we believe prevention efforts aimed at healthy eating and adequate physical activity can help turn the tide of obesity which is washing over this Nation at an alarming rate. If we prevent obesity, we also prevent Type 2 diabetes, cardiovascular disease, and some cancers. The bottom line: prevention efforts aimed at healthy eating and adequate physical activity are a great investment. While the challenge is daunting, we at the State level are ready to mobilize our communities and our many partners to avert this public health crisis.

We appreciate the generous support you have provided us in the past, and we look forward to working with you in the future. Thank you again for the opportunity to appear before you.

[The prepared statement of Ms. Nichols follows:]

Mr. Regula. Thank you for coming.

Ileana, I believe you are going to introduce Sister Jeanne O'Laughlin.

Ms. Ros-Lehtinen. Thank you. I am going to ask Congresswoman Carrie Meek to join me as well as we introduce Tom Rozek and Sister Jeanne O'Laughlin.

Mr. Regula. Our colleague Clay Shaw also extended his good wishes to all of you.

Ms. Ros-Lehtinen. Thank you, Mr. Chairman. I am honored, along with my colleague Congresswoman Carrie Meek, to present the two distinguished constituents for you today. Mr. Tom Rozek, the President and CEO of Miami Children's Hospital, and Sister Jeanne O'Laughlin, President of Barry University. Let me begin with Tom, who has always demonstrated a never-ending commitment to children.

Tom Rozek is a leader and a visionary and under his guidance Miami Children's Hospital is, indeed, ``building on a dream,'' and that is the name that has labeled many of its new projects that will help better serve the children of South Florida.

Since 1950, Miami Children's Hospital has been a leader in pediatric care. It is the only free-standing, independent children's hospital in South Florida, serving not only children from throughout this region, which is the second largest population in the area, but serving children throughout the world.

With this being said, it is easy to see why the hospital is often faced with waiting lists as long as six weeks. Miami Children's Hospital has grown and provided community-based children's services without Federal funding. But now it desires to develop and construct an Ambulatory Care Center that will inevitably reduce the waiting period for many families and children, it will serve an increased number of families, and it will enable them to keep their doors open to all of our children.

Mr. Chairman and members of the Subcommittee, we urge you to please give favorable consideration to allocating \$4 million to help Miami Children's Hospital complete a critically needed Ambulatory Care Center through the HHS/HRSA health facilities account.

In addition, I ask that the Subcommittee consider an additional \$4 million for the hospital's Pediatric Brain Tumor and Neurological Disease Institute which uses the most cutting-edge technology in pediatric tumor surgery. Brain tumors are on the rise and, indeed, they are the number one cause of childhood cancer deaths in our country. In fact, the son of my District Director is presently recovering from a brain tumor that was diagnosed and cared for by the superb staff at Miami Children's Hospital. With \$4 million Miami Children's Hospital would implement a powerful new tool for treating brain cancer--the intraoperative MRI which will enable surgeons to perform otherwise impossible tasks to achieve brain scanning during surgery on a real-time basis. And when not in use during

surgery, the equipment can easily be relocated from the operating room to be utilized as a traditional MRI unit, thereby reducing the wait for patients to receive MRIs.

So you can see, Mr. Chairman, how important it is for our community and for the whole region, the State of Florida, the Nation, and indeed the whole Caribbean area for these programs to be funded. And we thank Tom for his leadership.

Mr. Regula. You mentioned that they get no Federal money. Are you not under the General Medical Education Program for your training?

Mr. Rozek. I was just going to thank you for the medical education funding that was appropriated two years ago that increased it to \$285 million. We are asking for \$293 million this year. That is all the children's hospitals around the country.

Mr. Regula. I visited Columbus yesterday.

Mr. Rozek. Absolutely wonderful place.

Mr. Regula. How many beds do you have?

Mr. Rozek. 265 beds. And we serve about 78,000 children who come through our emergency department. We are trending at 85,000 now in addition to 4 ambulatory care sites that we have.

Mr. Regula. Do you have a number of general hospitals that feed in to your facility?

Mr. Rozek. All our children are referred to the hospital by pediatricians, pediatric specialists, and by other facilities who do not have the skill levels to take care of the children we serve.

Ms. Ros-Lehtinen. Thank you. I would like to introduce Sister Jeanne O'Laughlin now and then I will have Carrie, Tom, and Sister Jeanne speak as well.

Serving her 21st year as President, this is an incredible record, Sister Jeanne has one of the longest college presidency tenures in the United States. When Sister Jeanne assumed the presidency in 1981, Barry University was a struggling, mostly women's college of only 2,000 students. Since then, Sister Jeanne has raised \$170 million and has transformed Barry into a thriving university serving more than 8,500 students.

Helping others has been a theme in her life, as has been a commitment to educating and providing for the underserved. Under her guidance, Barry University has made tremendous strides in advancing minorities in health sciences as well as in providing health services to minority and disadvantaged populations. Sister Jeanne's philosophy, in her own words, is this: ``This is the time I believe to reflect on the legacy that we as individuals and collective groups hope to leave for this world.''

Sister Jeanne is dedicated to providing basic primary care services to all Americans and, as a result, the Barry University School of Graduate Medical Science, currently the only type of program serving the Southern region of the United States in this kind of medicine, has provided services to more than 450,000 medically disadvantaged persons in Miami-Dade County in the field of podiatry.

Sister Jeanne helped initiate Project Healthcare, that is the collaborative area resource effort to train people in this field and primary care residents throughout the United States in development of free community health programs in underserved

communities. And under Sister Jeanne's leadership, Barry University has also initiated Project LEAP, Lower Extremity Amputation Prevention, which focuses on reducing diabetic amputations through regular examinations for diabetes patients.

And to continue to build upon this legacy, Congresswoman Carrie Meek and I, along with our entire Florida delegation, ask you to seriously consider Barry University's request of \$2.5 million for facilities through the HRSA account, and an additional \$1 million to build upon the training and advancements for minority health professionals.

Barry University also requests \$1.5 million for its Academy for Better Communities to expand programs that serve the elder at-risk population that we have in our South Florida region. In 1998, the Academy established ``Just Checking'' to divert older persons from acute hospitalization and nursing home placement. To date, the Academy has served over 1,200 older persons, their families, their caregivers. And with \$1.5 million, Barry University hopes to expand services into Palm Beach, Broward, and Miami-Dade County.

And lastly, Sister Jeanne will testify on the need for \$1 million for Barry's Educational Technology Project which will be used to renovate 20 classrooms and equip them with computers, multimedia technology, the Internet, as well as personnel and technical assistance resources for each classroom. Barry's Adrian Dominican School of Education already has a reputation for excellence, but with the Committee's approval of \$1 million for this project Sister Jeanne can ensure that her teachers, many of whom have a long history of serving low-income and minority populations, can be fully prepared to train our Nation's future.

And here is the Congresswoman of Barry University, Congresswoman Carrie Meek, and I get to represent Miami Children's Hospital, but we represent them together. Carrie.

Ms. Meek. Thank you very much. My colleague has very well explained the need here and she also described the programs. I would just like to say that if there is one university in South Florida that truly represents the need of the people, it is Barry University. Sister Jeanne has been at the head of that university and she has really done what is called outreach. She has outreached into minority communities and, guess what, she has established a capacity there to do this. All universities are not trained to do what Sister Jeanne and Barry University do. They have a track record of being able to go out and be the lead person to establish it. My colleague mentioned the program she has there and how Barry has taught people how to deal with foot problems. All kinds of things that most universities do not reach out for at the beginning, she goes out and she tries them and she gets them so that other universities can build those capacities.

I think, Mr. Chairman, what she is asking for is a reasonable amount in each of the programs that my colleague has mentioned here. I want to say to this Committee that it will be well-utilized dollar for dollar. Barry is that kind of university and Sister Jeanne is that kind of leader. I hope the Committee does well by Sister Jeanne. Thank you.

Mr. Regula. We will hear your testimony. I would appreciate it if you would abbreviate a little bit. We have a full Committee meeting at 5:00 and I have a number of witnesses here

yet, so we have to keep moving. But you do not have to sell me on the Children's Hospital, I know all about it.

Tuesday, May 14, 2002.

MIAMI CHILDREN'S HOSPITAL

WITNESS

THOMAS ROZEK, PRESIDENT AND CEO, MIAMI CHILDREN'S HOSPITAL, MIAMI, FLORIDA

Mr. Rozek. Thank you, Mr. Chairman. Like you, Mr. Chairman, our two Federal legislators and all the South Florida delegation are very well known to everyone on the staff at Miami Children's Hospital.

Mr. Regula. You trotted in the heavy artillery today.

Mr. Rozek. If it so pleases the Chair, a copy of my oral testimony and also our larger written testimony is available and I will just highlight a couple of things.

Mr. Regula. Okay.

Mr. Rozek. First of all, we are the largest free-standing children's hospital in the State of Florida. We have the largest population of children with neurodevelopmental disease and epilepsy in the Southeastern United States and we have the staff to care for them. We also, as I pointed out when you asked me the question, we are caring for about 85,000 children in our emergency department. And one of our commitments is to reach out in the community to provide services at a time and place when the children need it, and that is why we need the Ambulatory Care Center.

We also are one of the hospitals in the State of Florida that really cares for low-income, disadvantaged children, and over 50 percent of our revenues come from the State of Florida and the Federal Government through the Medicaid program, as do a lot of the children's hospitals that you are familiar with in the State of Ohio. We, in fact, are confronted with major growth in pediatric services and the Hospital has faced long waiting lists, as has been identified. And the way the hospital has dealt with this over the last 50 years has been through non-State, non-Federal resources. They have gone to the parents and they have gone to philanthropic resources, both private and large foundations, to get support. And without that support we would have significant difficulty.

Mr. Regula. You are saying you get pretty good community support?

Mr. Rozek. We have about \$5 million a year supported through our foundation. Our bottom line is a positive one only because of the Graduate Medical Education dollars that were appropriated by Congress through the leadership of this Committee and also because of the \$5 million that our foundation gives us. If we did not have that, we would have an operating loss on an ongoing basis. And you cannot run any reasonable business with that kind of operating loss.

We are very pleased with the support we received from our Chairman, Chairman Young, for the support he has given to the Graduate Medical Education Program. He has helped All

Children's in St. Petersburg and Miami Children's Hospital have resources that other hospitals have had for years, and we do really appreciate it.

We have talked about the ambulatory care facility. So I think I would just like to focus in on the issues of a hospital that really needs resources to deal with the significant number of children who have brain tumors, which is a growing population of children in Florida. It is the leading cause of death in children with cancer in Florida. We are working with the Florida universities, Florida International University, Barry University, and the University of Miami, and others to develop a Center of Excellence where our pediatric neurosurgeons can provide the services through an interoperative MRI that can help them deal with these services, known as a virtual navigation.

With me today is our Chief of Staff and Senior Vice President for Medical Affairs, Dr. Christian Patrick. He has been with us now for a year. He joined us from St. Jude Children's Hospital. We believe that these two programs dealing with the Pediatric Brain Tumor Center and also dealing with our Ambulatory Care Center will provide services not only for the children of South Florida, but also for a growing population of children who are referred to us internationally and nationally.

I would be willing to answer any questions that you may have.

[The prepared statement of Dr. Rozek follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Sister Jeanne.

Tuesday, May 14, 2002.

BARRY UNIVERSITY

WITNESS

SISTER JEANNE O'LAUGHLIN, PRESIDENT, BARRY UNIVERSITY, MIAMI SHORES, FLORIDA

Sister Jeanne. In order to respect your request to keep it brief, I will just tell you briefly that Barry University is a minority-majority institution. We have over 67 percent minority and in that we have been very successful in terms of the medical professions and the sciences. For instances, we were one of the first HHS Minority Access to Research Careers programs in the country. And I have to say with the dire needs of the community health professionals among the minorities, that has been part of our commitment. For instance, the School of Podiatric Medicine, when we initiated that it had about 9 minorities in the profession of 9,000 and about 18 women. We have changed that to 450-plus women and over 300 minorities. So our commitment in terms of the objectives of this Institute for minority and community health is really much in tune I believe

with what is happening here in the Nation.

Our goals would be to provide community health services to address the mounting primary health care needs in Miami's increasing underserved minority population. We are in the midst of a neighborhood of immigrants. We are educating a new generation of health care professionals with special emphasis on minority outreach and we hope that they will be competent in all aspects of primary healthcare, especially in serving the--

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Mr. Regula. Do you provide an M.D.? You are educating M.D.s?

Sister Jeanne. We are providing podiatric physicians and surgeons. But we are also providing the physician assistant, which minorities had not been part of. For instance, part of that course is taught in Creole in order to raise up professions in the Haitian community. We also have cardiac profusion, anesthesiologists, and occupational therapists, all of the students are minority majority but are succeeding. For instance, 100 percent of our podiatric students passed the national boards, highest of all the seven institutions in the country; our physician assistants passed 100 percent; our anesthesiologists passed 100 percent; our cardiac profusion was 98.3 percent; and our occupational therapist passed nationally 96 percent, I believe.

What I think I am trying to say is that we are a majority minority institution but we are committed to raising up professionals in the medical professions that will serve the minorities, and we are doing a good job.

[The prepared statement of Sister Jeanne follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Do you have a School of Nursing?

Sister Jeanne. Yes. We passed the highest in the State of Florida. We out-do FSU, we out-do University of Florida. And people say you cannot do that. But we are good teachers and we are rooted in teaching. I think that you would be proud of what is happening there.

Mr. Regula. What is your enrollment?

Sister Jeanne. Our enrollment is 8,600 students. In the School of Nursing, we have the largest school right now of nursing; it is over 800. This past Saturday we graduated 1,100 students, and of that group there were about 120 nurses. Our teachers, by the way, passed 100 percent in the State.

Mr. Regula. Do you have a School of Education also?

Sister Jeanne. Yes. Excellent. They pass 100 percent. That is not in the script at all and I am afraid Marilyn is going to be upset with me, but I am so excited----

Mr. Regula. Well, that is what we want to hear.

Sister Jeanne. You know, we are so blessed and we are so in tune I think with the vision of this country and we want to further that and raise up those that could not be raised up if we were not there. This institute for minority and community health will help us do that, and the access for more students to get into the medical, the sciences. I think we can do it. As

a matter of fact, we have put more Hispanic women into graduate medical programs than any institution in the United States.

Mr. Regula. It sounds like you have a great track record. Are you a 501(c)(3)?

Sister Jeanne. Yes, we are. We are an independent.

Mr. Regula. Do you get support from foundations such as your colleague does?

Sister Jeanne. Yes.

Mr. Regula. And private donations.

Sister Jeanne. Every cent that I get from the Government I make a commitment to match it. I owe that to the people. And the people have been very good to us. God has blessed us and I am hoping the country will do the same this year. [Laughter.]

Mr. Regula. When you have got the Lord on your side---
[Laughter.]

Sister Jeanne. Mr. Chairman, forgive my boldness, but I heard that they call you a tree-hugger. I want you to know that I am a tree-hugger. I have planted in the inner-city of Miami almost 2,000 trees and the beauty of it is that people come in and hug them.

Mr. Regula. I want to know if Carrie helps you. [Laughter.]

Next time you plant trees, call Carrie.

Sister Jeanne. I will. But I thank you and the Committee for hearing us and for this opportunity to appear before you is a great privilege for me. I want you to know I am out there serving this country through your poor.

Mr. Regula. It sounds like both of you have great institutions.

Mr. Rozek. Thank you, Mr. Chairman.

Sister Jeanne. Thank you.

Mr. Regula. We are blessed in this country to have medical facilities. Thank you for coming.

Mr. Miller. Mr. Chairman.

Mr. Regula. Yes?

Mr. Miller. Sister, my sister graduated from Barry College in 1969.

Sister Jeanne. I could see the aura. [Laughter.]

Mr. Miller. It was a college then, so it has come a long way.

Ms. Meek. She has the best social work school in the Nation.

Sister Jeanne. We do. We right now are working with the Governor and the Department of Children and Families and trying to solve that problem. The basic thing for this institution is to be prepared to serve the people and we start with the poor. Our endowment is zero practically. Our endowment walks in the feet of the poor in Miami and in Central and South America, but it will walk back some day in the shoes of professionals who will change the world.

Mr. Regula. What a wonderful legacy for both of you. Thank you for coming.

Mr. Miller [presiding]. I am Congressman Dan Miller, a member of this Committee. Mr. Regula has had to step out right now and I will continue the hearing.

We now have Thelma King Thiel. Welcome.

Tuesday, May 14, 2002.

HEPATITIS FOUNDATION INTERNATIONAL

WITNESS

THELMA KING THIEL, CHAIRWOMAN AND CEO, HEPATITIS FOUNDATION
INTERNATIONAL

Ms. Thiel. Thank you. I appreciate the opportunity to come today, and I will be brief. I have presented written testimony for the record but I would like to make a few comments.

When I lost a precious son, a four-year-old, thirty-one years ago to a very rare and fatal liver disease there were no treatments for liver disease, no vaccines. Little was known and little was taught about liver in medical schools and only a handful of physicians were specializing in liver disease. Transplants were really experimental and more lives were lost than were saved.

We have come a long way. However, today we still have no treatments for many of the 100 known liver diseases, most of which are preventable. Currently, treatment is available for hepatitis B and C, two most common liver diseases. Millions are being spent on research to find new treatments and cures for hepatitis B and C. Many more millions are being spent by patients on minimally effective treatments for hepatitis C. Yet, all viral hepatitis is preventable. Hepatitis A and B through vaccination, and both through education.

CDC is working feverishly to bring diseases under control. They have given us major grants to develop wonderful educational videos that we have distributed broadly across the country. They are running immunization programs to protect our young people, our most valuable commodity in this country. Those at high risk, attending STD clinics, in detention centers and prisons, we really need some more funding to do that.

However, negative publicity and anti-vaccine initiatives are undermining public health programs. Parents are being frightened. They are ignorant about the importance of vaccines and the liver. They are refusing vaccines that can save lives and the terrible disabilities caused by these preventable diseases.

But when we look at the bigger picture, the missing link in all our preventative initiatives is early education. For years, the liver and hepatitis were absent from curricula. Parents, teachers, and even some physicians are not informed about the miraculous liver and about hepatitis. The tragic result is that young children are not prepared to know how to protect themselves, how to take responsibility to avoid liver-damaging activities. In essence, what we are saying is go play in the traffic. Kids who are in detention centers, they went to school. Those men who are having sex with men, they were boys and went to school. Binge drinking college students also went to school. Drug addicts went to school, to early education, elementary school. But did we fail them? I think we did.

The tragedy is that we have neglected to teach our children about their health and how to protect themselves at a time when they are impressionable and interested in their bodies. We have

not prepared them to avoid drugs, alcohol, and hepatitis. They need facts that they can remember to help them make healthful, informed lifestyle choices.

There is a major gap in our efforts to attack drug abuse, hepatitis, binge drinking and alcohol. It is health education. Health education must begin in Head Start programs, in elementary schools and carried on through high schools and even in colleges. We must stop putting a band-aid on the hemorrhage of substance abuse, hepatitis, and alcohol and related violence, robberies, and pregnancies. We have an epidemic of ignorance that is costing us millions of dollars, not to mention the terrible loss in lives. Our kids do not know how to stay healthy. I think we have heard previous testimony about substance abuse and about obesity, et cetera. I think that we really have missed the boat by not starting early enough to educate our kids. They are bright, they are receptive, and they are our future. I think we need to look at health education as something that is missing in all our efforts.

Thank you for giving me this opportunity.

[The prepared statement of Ms. Thiel follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Miller. Thank you very much for being here. I will certainly do everything I can. As you may know, my daughter donated half her liver to our son October 11th.

Ms. Thiel. I think that is wonderful.

Mr. Miller. I am very aware of the problems of liver disease.

Ms. Thiel. Thirty-one years ago when my son had biliatary atresia and liver transplants were not an option for us at that point. And yet, the longest living survivor of a transplant is still alive today, and that is thirty-one years, and she has had a couple of kids I believe. So we have come a long way. But I think we really have to look at what is missing in our total substance abuse efforts, and hepatitis of course is one of the results of substance abuse. But I am glad your son is doing okay. That is wonderful. It is a miracle, it really is.

Mr. Miller. Not the solution, but it certainly buys time for our son.

Ms. Thiel. No, it is not. But people just do not know how important the liver is. It is a miracle worker and it is a silent miracle worker and that has been the problem. I organized and ran the American Liver Foundation, retired, and then started this organization seven years ago to continue my preventative education efforts. But I think that if people know how important the liver is, what it does for them, and how they can protect it, then we have a chance at stopping them from getting involved in risk activities. The people who have hepatitis C, we hear daily, ``If only I knew then what I know now, I wouldn't be infected with this disease and going through this miserable treatment.'' And I say, ``Do you want your children to go through the same thing? How are we going to protect them?''

CDC, bless their hearts, have given us some wonderful

grants to develop some great videos for schools, for kids, for professionals, for high risk people, and we are distributing them widely. But we really need to get more of that prevention going. Thank you very much.

Mr. Miller. Thank you for being here to advocate the need. I am especially interested. So, thank you.

Mr. Miller. Next we have Dr. Richard Barr, Chairman of the Board of Trustees of the Immune Deficiency Foundation. Dr. Barr, welcome. Tuesday, May 14, 2002

Tuesday, May 14, 2002.

IMMUNE DEFICIENCY FOUNDATION

WITNESS

RICHARD BARR, CHAIRMAN, BOARD OF TRUSTEES, IMMUNE DEFICIENCY FOUNDATION

Dr. Barr. Mr. Chairman, thank you for the opportunity to testify today on behalf of the Immune Deficiency Foundation, or IDF. IDF is the national non-profit organization that is dedicated to improving the treatment of primary immune deficiency diseases through research and education.

Primary immune deficiency diseases are inherited disorders in which parts of the body's immune system are missing or do not function properly. The World Health Organization has identified more than 100 different primary immunodeficiency diseases that affect an estimated 50,000 Americans, regardless of race, age, or gender.

Most primary immune deficient patients are able to maintain their health through regular infusions of intravenous immunoglobulin, or IGIV. IGIV is a pooled plasma derivative that replaces deficient antibodies and is administered every three to four weeks for the lifetime of the patient. However, if primary immunodeficiency diseases are not properly diagnosed and treated, they can lead to serious illness and early death.

I am a physician by training, but I am here today to speak as a patient. My case is quite representative of the typical immune deficient patient. I was diagnosed with Common Variable Immunodeficiency fifteen years ago, following years of repeated infections that were unresponsive to antibiotics and undiagnosed by numerous physicians. This led to several unsuccessful surgeries and resulted in permanent lung and sinus damage. Following appropriate diagnosis and treatment, however, I was able to lead a productive professional and personal life.

In my testimony today, I would like to highlight the following issues of importance to our community: (1) The Primary Immune Deficiency Consortium of NIAID; (2) smallpox research; (3) primary immune deficiency surveillance and education programs at the Centers for Disease Control and Prevention.

Mr. Chairman, I would like to take this opportunity to thank the Subcommittee for its longstanding support of biomedical research at the National Institutes of Health. IDF urges the Subcommittee to continue its support of primary immune deficiency research at the National Institute of Allergy

and Infectious Diseases, the National Institute of Child Health and Human Development, and the National Cancer Institute.

Mr. Chairman, NIAID is currently in the process of developing a Primary Immunodeficiency Disease Consortium. IDF welcomes this exciting new initiative, which will establish a group of leading immunologists to aggressively attack these diseases in a multifaceted approach to include basic research, improved treatment modalities including gene therapy, and genetic testing of patients and families. The Consortium will utilize the current registry of primary immune deficiency patients, which IDF administers on behalf of NIAID. These registries provide a comprehensive clinical picture of eight of the most common disorders.

IDF looks forward to working closely with NIAID in the development and management of this consortium. We believe that the Foundation is uniquely positioned to serve as NIAID's primary partner on this important new initiative. We encourage the Subcommittee to support this collaboration in fiscal year 2003.

Mr. Chairman, unfortunately, the primary immune deficiency population would be at a significant risk if the United States were to initiate a large scale smallpox vaccination program. Because the smallpox vaccine contains a live virus, primary immune deficient patients could become infected simply by coming in contact with a vaccinated individual.

However, the IDF scientific leadership believes that the IGIV that many patients take to maintain their health may contain antibodies against the vaccinia virus which provides the protection for smallpox. This could potentially provide all immune deficient patients with passive immunity as well as serve as a potential treatment for healthy individuals who have adverse reactions to the vaccine.

IDF is in the process of developing a research proposal for submission to NIAID for the investigation of IGIV as a potential ally in the fight against smallpox. We encourage NIAID and the Subcommittee to give priority consideration to this relatively low cost, short-term investigation under NIAID's new bioterrorism initiative.

Finally, Mr. Chairman, the IDF community is the only patient population that requires life-long infusions of IGIV to maintain their health. IDF has been working with the plasma fractionation industry, CDC, and NIAID to establish a national surveillance study of this group to evaluate the short and long term effects of IGIV usage.

We are grateful for the Subcommittee's support of this project during the planning stage, and we ask that the Subcommittee continue its support by encouraging the CDC and NIAID to formally enter into a partnership with IDF for the establishment of this important initiative.

A major component of IDF's mission is to increase public and professional awareness of immune deficiencies. We encourage the Committee to continue to support CDC's mission to extend the information regarding diagnosis to both patient groups and health care professionals.

I thank you for the opportunity to testify, and I would be happy to answer any questions you might have.

[The prepared statement of Dr. Barr follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Miller. Thank you very much. When you think of immune deficiency you always think of AIDS. But, obviously, it is a lot more than that.

Dr. Barr. Our most famous patient was David, the boy in the bubble, who really everybody can relate to. And the interesting thing to note at this juncture is that David passed away after spending his lifetime virtually in a bubble because of no treatment for his disease and currently there are four children in France who have had gene therapy who are now as infants cured of the disease and, by all reports, will be able to lead perfectly normal lives.

Mr. Miller. Thank you very much for being here.

Dr. Barr. Thank you.

Mr. Miller. Next we have Dr. Suzanne Jenkins, a member of the Executive Committee of the Council of State and Territorial Epidemiologists. Dr. Jenkins, welcome. Thank you for waiting this long.

Tuesday, May 14, 2002.

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

WITNESS

SUZANNE R. JENKINS, MEMBER, EXECUTIVE COMMITTEE, COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

Dr. Jenkins. Thank you. I am taking a later train, thank you. My paying job is Assistant State Epidemiologist and Public Health Veterinarian for the Virginia Department of Health. I am here representing the Council of State and Territorial Epidemiologists (CSTE) as a member of the Executive Committee.

CSTE is a professional association of over 400 public health epidemiologists working in States, territorial, local and Federal health agencies. CSTE is pleased to provide the Subcommittee with its recommendations for the fiscal year 2003 funding.

Before I do that, I want to thank the members of the Subcommittee for providing \$918 million in fiscal year 2002 to strengthen State and local public health capacity to prepare for and respond to bioterrorist attacks, major infectious disease outbreaks, and other public health threats and emergencies. CSTE members are working hard to assure that this unprecedented level of Federal support for bioterrorism preparedness and public health infrastructure enhancement is used efficiently and responsibly and to produce measurable improvements.

CSTE is also gratified that President Bush has maintained this commitment by proposing \$940 million for upgrading State and local public health capacities in his fiscal year 2003 budget. CSTE supports this request and urges the Subcommittee to provide at least this amount in 2003.

The President's request recognizes that public health infrastructure improvement and bioterrorism preparedness require sustained multi-year support. It is going to take time to train epidemiologists and other public health professionals in the numbers that we need.

CSTE has three comments concerning the Department of Health and Human Services guidance for future bioterrorism funding. The current guidelines call for assessment of epidemiologic capacity and at least one epidemiologist for each metropolitan statistical area with a population greater than 500,000. CSTE believes that this benchmark is too low. We really need more than one epidemiologist per 500,000 metropolitan statistical area, both now and in the future.

We would also like to see the addition of a critical benchmark requiring coordination between State public health authorities and agricultural and animal health agencies. We know from our experience with West Nile Virus how important animal surveillance is for detecting threats to human health. There are many bioterrorist agents that affect both animals and humans.

And third, CSTE would like to see future funding applied to chemical and radiological terrorism preparedness as well as the infectious disease agents. Current HHS guidelines omit funding for State and local environmental health capacity. This may require additional new funding.

In the interest of time, I will only, and briefly, address two new initiatives that CSTE would like the Subcommittee to fund. You will see in the written testimony some of the things that we are asking for increases in that are not necessarily new initiatives.

Currently, there are only a handful of environmental epidemiology experts working in State and local health departments. To be prepared for chemical or radiological terrorist attacks, the Nation needs to invest in training to provide these experts.

CSTE urges the Subcommittee to provide a modest \$5 million to CDC to establish five Centers of Excellence at accredited Schools of Public Health. The centers should focus on research and training in environmental health with emphasis on applied environmental epidemiology and require field placements in State and local health departments to help ensure that capacity will be enhanced in those settings.

The second initiative addresses chronic disease capacity in States. The leading causes of death and disability are chronic diseases and associated risk factors. Many States have poorly developed surveillance systems and lack essential epidemiologic capacity to support chronic disease programs. Fully 22 States do not have a chronic disease epidemiologist.

CSTE urges the Subcommittee to provide a modest \$5 million for CDC's National Center for Chronic Disease Prevention and Health Promotion to build support for chronic disease epidemiology in States.

This concludes my oral statement. As I said, there is more complete information in the written testimony. I really appreciate the opportunity to be here.

[The prepared statement of Dr. Jenkins follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Miller. Thank you. There are huge sums of money, as we know, going into bioterrorism. But you bring up an important point, where are the people to do this. It takes a while to get trained.

Dr. Jenkins. Right. And it takes a while to learn how to say it, let alone having to graduate from one of the schools.

Mr. Miller. That is right.

Dr. Jenkins. And this is doing more than just prepare for bioterrorism. This really is rebuilding public health infrastructure and allowing us to do a better job of detecting all kinds of diseases and in the future preventing them.

Mr. Miller. Thank you very much.

Mr. Miller. Dr. Anna Graham, President of the American Society for Clinical Pathology, and Professor of Pathology at the University of Arizona College of Medicine in Tucson, Arizona. Dr. Graham, welcome and sorry for the delay. Thank you for being here.

Tuesday, May 14, 2002.

AMERICAN SOCIETY FOR CLINICAL PATHOLOGY

WITNESS

ANNA R. GRAHAM, PRESIDENT, AMERICAN SOCIETY FOR CLINICAL PATHOLOGY AND
PROFESSOR OF PATHOLOGY, UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE,
TUCSON, ARIZONA

Dr. Graham. Thank you, Congressman Miller. Members of the Subcommittee, my name is Anna Graham. I am President of the American Society for Clinical Pathology, and Professor of Pathology at the University of Arizona College of Medicine in Tucson. I come to speak to you this afternoon about a serious shortage of medical laboratory personnel in the United States and offer a proven solution--the Allied Health Project Grants program. We respectfully request \$21 million to fund the Allied Health Project Grants program for fiscal year 2003.

You may ask why a pathologist is here to discuss non-physician medical laboratory personnel shortages. ASCP is a unique organization. We represent 151,000 certified pathologists, PhD scientists, medical technologists, and technicians. We bring together all the elements that solve problems as a team in a laboratory and also would like to work toward common solution for this critical shortage problem.

The United States has a serious shortage of laboratory medical personnel. Vacancy rates for seven of the ten key laboratory medicine positions are at an all time high. The vacancy rate for cytotechnologists, who are the professionals who interpret the Pap smear and other cellular preparations, is at 20 percent. Similarly, the histotechnologist vacancy rate, those people who prepare slides for diagnosis of cancer biopsies, is also at 20 percent. The medical technologist

shortage across the United States is about 11 percent; however, in rural areas it is as high as 21 percent.

One of the logical solutions to this problem would be to train more students; however, at this critical time the number of programs available for technologist training are actually decreasing. In fact, between 1994 and 1999, we saw a decrease of one-third in the available training programs, from 383 to 273 in just five years.

There are several reasons why the vacancy rate is increasing and the number of programs decreasing. Instead of going into clinical practice, a number of talented students have gone in the direction of laboratory management information companies, to dot.coms, and to corporations that manufacture diagnostic supplies and equipment. Hospitals have merged and this is decreasing the number of available training sites for medical laboratory personnel. Some programs have come up with innovative solutions to this; however, this is at a time that the demand for laboratory services is very real and it is expected to grow.

In Florida, for example, the population is projected to grow by 29 percent by the year 2020, and the population over the age of 65 by 66 percent. Recognizing this aging of the American population, the likelihood is very high that the complexity and nature of biopsy specimens and the use of new sophisticated molecular diagnostic techniques is going to increase over the next decade. This is happening at precisely the time when most of our medical technologists are about age 45 and approaching retirement. As has been mentioned before this afternoon, the threat of bioterrorism calls for trained laboratory personnel and the laboratory workforce will have to be able to react nimbly to these challenges with appropriate numbers of trained and educated personnel.

There are solutions to this problem. There are grants available to help attract laboratory professionals to the field, especially minorities and individuals in rural and underserved communities. The Allied Health Project Grants program has been successful in effectively attracting new allied health professionals into the laboratory field. Let me just give you a few examples.

The University of Nebraska Medical Center established a medical technology program in four communities in rural Nebraska, and that included a student laboratory in the central portion of the State. As of 2001, of 89 rural program graduates, 97 percent took their job in a rural area, and 74 percent took their first job in rural Nebraska. And this was made possible through an Allied Health Project Grant.

The University of Maryland at Baltimore created a successful minority recruiting and retention program for medical technologists with an Allied Health Project Grant, with an average 89 percent student retention rate. As a direct result of this Federal support, the medical technology program has, as of fall 2000, reached a 64 percent minority student enrollment at a majority institution. This is one of the highest in the country.

While allied health professionals comprise more than 60 percent of the entire health care workforce, and number more than 3 million individuals, the attention paid to these health professions is rather small. The Allied Health Project Grants

program is a relatively small step in assuring that funding is available to attract allied health professionals to the field and to the underserved communities. We respectfully request funding for the Allied Health Project Grants in the amount of \$21 million.

Thank you, Chairman Miller, for the opportunity to testify.
[The prepared statement of Dr. Graham follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Miller. And I believe these are also available through the community college system. Your examples were all four year colleges.

Dr. Graham. For medical technologists certification through our organization, for example, it is recommended that a baccalaureate program be completed. Certainly, there are positions, like medical laboratory technicians, which can successfully function as associate degree graduates.

Mr. Miller. I spoke at a community college graduation Friday night and there were a lot of students in the allied health area receiving their degrees there and look toward entering the field.

Thank you very much for being here.

Dr. Graham. Thank you.

Mr. Miller. Next we will have David Moore, President of the Coalition for Health Funding. Mr. Moore, hello.

Tuesday, May 14, 2002.

COALITION FOR HEALTH FUNDING

WITNESS

DAVID B. MOORE, PRESIDENT, COALITION FOR HEALTH FUNDING

Mr. Moore. Thank you, Mr. Miller. It is a pleasure to see you again.

Mr. Miller. Good to see you here.

Mr. Moore. I am here this afternoon as the President of the Coalition for Health Funding. The Coalition thanks you for this opportunity to present to you our 2003 recommendations for the agencies and programs of the U.S. Public Health Service. We also want to thank you and the members of the Subcommittee for your continued commitment to these programs that are so critical to the health and well-being of the American people. You have the Coalition's written statement. I would like to make the following points.

We believe that health is a continuum. The health needs of the American people must be addressed by strong, sustained support of a continuum of activities that includes biomedical, behavioral, and health sciences research; disease prevention and health promotion; health care services for vulnerable and medically underserved populations; ensuring a safe and effective food and drug supply; and educating a health

professions workforce that will meet the health care challenges that will confront us.

Since the terrorist attacks of 9/11 and the subsequent anthrax incidents, we have all become acutely aware of the role that public health plays in protecting us from terrorism incidents involving biological, chemical, and nuclear agents. Unfortunately, these events have also dramatically demonstrated the extent to which the Nation's public health infrastructure has been allowed to deteriorate. The Coalition applauds the extraordinary congressional response to this serious deficit and we support the President's fiscal year 2003 request for continued enhancement of the public health infrastructure.

While there has been intense focus at the local, State, and Federal levels of Government in preparing for potential terrorist challenges, we believe that all aspects of our public health systems are critical to the success of this effort. In the words of last spring's CDC report on public health's infrastructure, ``We are a Nation at risk. We face a world of new threats and ancient foes.'' It is easy to understand the importance of strengthening the ability of local, State, and Federal public health agencies to detect and respond rapidly to a deliberately released infectious agent such as anthrax or smallpox. However, the link between the threat of bioterrorism and the importance of addressing racial and ethnic health disparities or access to essential health care services may seem less clear. But populations at high risk for both chronic diseases and naturally occurring infectious diseases and groups with less access to health care services are both more vulnerable to deliberately introduced diseases and less visible to the health care system at a time when hours count.

Similarly, it is easy to understand the need to train more health professionals, such as epidemiologists and public health lab technicians, to prepare and respond to terrorism. But who will take care of those who fall ill, or who need emergency vaccinations or preventive medicines when we are facing serious shortages in the numbers of nurses, pharmacists, allied health, and other critical health professionals? These and many other activities supported by PHS agencies and programs, such as vaccine research at the NIH, medical errors research at the Agency for Healthcare Research and Quality, and food and drug safety review by the FDA, are clearly related to bioterrorism preparedness and response and need strong support.

But even activities that cannot be related directly to bioterrorism, such as preventing birth defects, heart disease, or HIV/AIDS, are essential in our preparedness efforts because we believe a healthy America is a strong America. The complete continuum of public health activity must be sustained if we are to achieve both optimal terrorism preparedness and optimal health care outcomes for the American people.

For 2003, the Coalition recommends \$51.7 billion for the major programs and agencies of the U.S. Public Health Service. This recommendation includes the Indian Health Service and FDA, both which are not under this Subcommittee's jurisdiction. We appreciate that these funding levels, which are almost 16 percent over last year and \$4.5 billion over the President's request, may seem excessive, but they reflect both the professional judgment of the various agencies as well as our

own members' assessment of community and national needs. In short, this recommendation reflects the enormous challenges still facing us as we strive to protect the Nation's health.

The Coalition and its members look forward to working with you in the weeks ahead towards our mutual goal of improving the health and quality of life for all Americans. Thank you very much.

[The prepared statement of Mr. Moore follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Miller. Thank you. It is nice to see you here. I am glad to see there is someone else out there advocating this need. I think it is important to be publicly advocating in support of all of these agencies. People do not even realize they exist back home in my district, a lot of them.

Mr. Moore. Well, as you have heard this afternoon, we really encompass all of the programs that people have been talking about this afternoon.

Mr. Miller. And it is a whole continuum of issues; research, the delivery of care. Thank you.

Mr. Moore. Thank you for your support.

Mr. Miller. We have Dr. Richard Sweigard. Thank you for waiting till the end, Doctor.

Tuesday, May 14, 2002.

NATIONAL ASSOCIATION OF STATE UNIVERSITIES AND LAND-GRANT COLLEGES

WITNESS

RICHARD J. SWEIGARD, CHAIR, DEPARTMENT OF MINING ENGINEERING,
UNIVERSITY OF KENTUCKY, CHAIR, SECTION ON MINERAL AND ENERGY
RESOURCES FOR THE NATIONAL ASSOCIATION OF STATE UNIVERSITIES AND
LAND-GRANT COLLEGES

Dr. Sweigard. I feel like the Super Bowl champion on NFL draft day. [Laughter.]

Mr. Chairman, thank you for this opportunity to present testimony on the fiscal year 2003 budget request for the Mine Safety and Health Administration (MSHA) and the National Institute for Occupational Safety and Health (NIOSH). I am the Chair of the Department of Mining Engineering at the University of Kentucky. I also represent that National Association of State Universities and Land-Grant Colleges, or NASULGC for short, where I currently serve as Chair of its Section on Mineral and Energy Resources. NASULGC is the Nation's oldest higher education association. It currently has 213 member institutions, including 17 historically black institutions, located in all 50 States.

The ultimate goal of all miner health and safety initiatives, whether they are carried out by a Federal agency, a State agency, or an educational institution, is to ensure that no miner has his or her life shortened or health

compromised in pursuit of a livelihood. Our progress in meeting this goal depends upon three factors--engineering, education, and enforcement. Colleges and universities currently play a direct role in two of those factors, those being engineering and education, and an indirect role in enforcement by developing technology that makes it easier for companies and workers to comply with health and safety regulations. Although MSHA's State Grants program and NIOSH's National Occupational Research Agenda for extramural grants are relatively modest, they are essential in our pursuit of safety and health and a healthy workplace for miners. I will address each of those programs briefly.

NASULGC supports the fiscal year 2003 budget request of \$264.3 million for MSHA. Further, we strongly urge that for fiscal year 2003 your Committee would provide the authorized level of \$10 million for State grants. The State Grants program has participants from 44 States and the Navajo Nation. Often the money is spent on training program development and delivery. Universities have cooperated on much of this course development and a number of States have contracted directly with colleges and universities to provide training or training materials.

Now turning our attention to NIOSH. When the Bureau of Mines was closed the responsibility for research into problems of miner health and safety was transferred to NIOSH. NIOSH also oversees two national laboratories, in Pittsburgh and Spokane. NASULGC encourages greater participation between the laboratories and the universities. NIOSH's extramural research program is guided by NORA, the National Occupational Research Agenda. This agenda focuses on 21 high-priority research areas which is inclusive of persistent problems plaguing miners. These problems include such things as roof falls, slope failures, powered haulage accidents, dusty work environments, exposure to diesel particulate matter, excessive noise levels, and the presence of explosive gas. NASULGC is concerned that the Administration's budget request would cut NIOSH's budget by 10 percent. Specifically, the proposed cut would strongly reduce NIOSH's extramural research program.

We applaud NIOSH's expansion of its extramural program this year that included grant solicitations which were specific to mining research needs. I can attest personally to the quality of the proposals and the impact they will have on miner health and safety because I served on the panel that reviewed those proposals last month in New Orleans. We encourage NIOSH to continue the grant solicitations for mining research in future years. NASULGC believes the extramural research program is vital to workers health and safety and should not only be restored to current levels, but should be increased by an additional \$25 million.

We also support NIOSH's new research laboratory, the National Personal Protective Technology Lab in Pittsburgh. We are particularly interested in its respirator certification program and encourage an additional \$10 million of funds within the laboratory for specific mining research needs.

In conclusion, mines are much safer today than ever before. However, we still have problems which have immediate safety impacts and long term health implications. Fortunately, these

problems are amenable to research that may, given the right combinations of talent, unlock secrets leading to important solutions.

Thank you again for this opportunity to be here today, and I would be pleased to answer any questions if you have any.

[The prepared statement of Dr. Sweigard follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Miller. The Mine Safety and Health Administration has a proposed \$264 million budget.

Dr. Sweigard. Yes.

Mr. Miller. How much of that is for research?

Dr. Sweigard. Actually, they do not have a dedicated research line. The \$10 million for States Grants goes primarily for health and safety training issues. The actual miner health and safety research is funded out of NIOSH. So MSHA does not have a research line.

Mr. Miller. Thank you very much. Thank you for being here this late.

Thank you all for being here today and participating.

This hearing is adjourned.

Thursday, May 16, 2002.

AUTISM AND SPINA BIFIDA FUNDING

WITNESS

HON. CHRISTOPHER H. SMITH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. Regula. I see we have our first witness here and because we do have a long day, I am going to go ahead and get started. So, Chris, you are up.

Mr. Smith. Thank you very much, Mr. Chairman. Mr. Chairman, thank you for the opportunity to be here to testify before the Committee. I am here this morning to talk to the Committee about spina bifida. It is our Nation's most common permanently disabling birth defect, which is caused when a baby's spine does not properly close during prenatal development. Spina bifida affects about 70,000 Americans. About 4,000 unborn babies develop spina bifida each year, but sadly only about 2,500 of these children are ever born. The others are tragically aborted by parents who do not know that spina bifida is not a death sentence and that people with spina bifida are living longer, fuller lives than ever before, thanks to recent scientific and medical advances.

Mr. Chairman, people who suffer from spina bifida often have paralysis of some muscle groups, difficulty with bowel and bladder control, learning disabilities, and other challenges. Between 70 to 90 percent of children diagnosed with spina bifida are at risk of becoming mentally retarded, yet our Nation has no national program to direct the battle against this disease, and I find that to be absolutely amazing.

Mr. Regula. Are you saying that NIH does nothing in this?

Mr. Smith. It is not that it does nothing, but it has no

coordinated program. It does very little, in all candor.

I am here today to request a \$3 million appropriation from your committee to fund a national spina bifida program at the Centers for Disease Control and Prevention and the National Center for Birth Defects and Developmental Disabilities. This money will be invested in efforts to prevent spina bifida and help those children born with spina bifida to have access to therapies and programs that they need to help their lives and live their lives to the fullest.

It should be noted that we have made some progress over the years in preventing the development of spina bifida through an existing folic acid education program. If all women of childbearing age were to consume .4 milligrams of folic acid every day before becoming pregnant, the amount of folic acid often found in a multivitamin, the incidence of folic acid-preventable spina bifida would be reduced between 50 and 75 percent. This message has been penetrating our society, but it has been slow, and we do see that there has been a downturn in the disease by about 20 percent.

However, there is still much work to be done, and it should be done. We believe there needs to be additional outreach to the minority community. Under a national spina bifida program, the CDC would have increased and better coordinated resources to launch an all-out information and public awareness campaign that only CDC can wage. With a greater outreach, more babies we believe can be protected. But even if outreach were 100 percent, Mr. Chairman, regular folic acid consumption helps prevent approximately 3 out of 4 cases. Therefore, we will still have some babies born with spina bifida.

The second component of a national spina bifida program would be to focus on the many successful therapies that are out there, which begin in utero and run throughout life, that help make life better for people with spina bifida. A national program will focus on these therapies and treatments and make sure that they are widely known and available to the patient and their families. Major medical advances have permitted babies born with spina bifida to have a normal life expectancy and live independent and fulfilling lives.

However, living with the disease can be very expensive, both emotionally, physically, and financially. The lifetime costs associated with a typical case of spina bifida, including medical care, special ed, therapy services, and loss of earnings, exceed \$500,000. The total cost of spina bifida exceeds \$750 million per year, and the Social Security Administration payments to individuals with spina bifida exceed \$82 million per year. Tens of millions of dollars are spent on medical care covered by Medicaid and Medicare. Clearly, we need to do more to help families pay for this expensive yet vital health care.

The third goal of the national program would be ameliorating the lives of those with spina bifida by teaching patients and their families how to prevent and treat health complications that affect people with spina bifida. These secondary health problems range from learning disabilities and depression to severe allergies and skin problems. A national program will help develop prevention and treatment options and educate people about them.

Mr. Chairman, I also want to note that as Chairman of the House Committee on Veterans' Affairs, I am in contact with Secretary Principi, and I have urged greater cooperation within the VA and the CDC with regard to compiling and maintaining a registry of veterans exposed to Agent Orange while serving in Vietnam. As you know, there is a positive association between spina bifida births and veterans exposed to Agent Orange, and I hope that this resource sharing will strengthen our efforts as well.

Finally, it is time, I believe, the \$3 million is a very modest amount and would really make a major difference. Let me just very briefly mention one other disease that I would ask the Committee focus on, and it was brought to light to me by our chaplain, our House chaplain, Father Coughlin. His sister, her daughter, has a disease known as Batten's Disease. It is a very rare disease. Regrettably, it is always terminal. The incidence is suggested to be about 2 to 4 of every 100,000 births. There is very, very little that is known. Nobody knows the cause. The costs, the regimen of treatment is still in the experimental stage, and again, we are asking for some help there, perhaps some report language that would help with regards to that very rare disease, because there is just very little being done. I have met with Dr. Giovanna Spinella who runs the program for rare diseases. She admits she is doing what she can, but there are just not enough resources.

Mr. Regula. She is at NIH?

Mr. Smith. Yes. She is at NIH. So I raise these two issues to the Committee. Again, I think the spina bifida one is very, very doable in terms of the amount of money we are asking for. We have 38 Members who have signed the letter to the Committee asking for this. It is a bipartisan letter, and I do hope we can move in this direction.

[The prepared statement of Congressman Smith follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Well, it is not a lot of money. But the one problem with NIH, we don't earmark for specific research. They get a lump sum, and in turn they decide which programs to pursue. And I assume you have been in contact with NIH?

Mr. Smith. We have.

Mr. Regula. And the CDC----

Mr. Smith. CDC--you know, part of this is getting the message out, like I said, to the minority community, to other communities on the folic acid; but also, you know, there needs to be much more coordination, and CDC, it seems to me, could do a lot more.

Mr. Regula. How are they getting the message out on folic acid?

Mr. Smith. There are individual organizations that are doing the work. There is one group, and many of the people are here today, the Spina Bifida Association of America, SBAA. They have done yeoman's work, but there needs to be much more of a focus that only a national intervention, I think, can bring to this disease.

Mr. Regula. Folic acid needs to be taken prior to getting

pregnant?

Mr. Smith. Yes.

Mr. Regula. In order to prevent----

Mr. Smith. To prevent at least some of these, yes.

Mr. Regula. Some of them.

Mr. Smith. It is not a fool-proof magic bullet, but it is certainly one of those things that----

Mr. Regula. There is a national organization you mentioned?

Mr. Smith. Yes. They are here.

Mr. Regula. Okay. Are you making any effort to get a message out?

Mr. Pote. Mr. Chairman, my name is Hal Pote. I am President of the National Spina Bifida Foundation. We are working with the March of Dimes. The difficulty is it is a mass market message. So it is expensive, requires advertising, and as Congressman Smith said, the most acute problem right now is reaching the minority communities, because, as we have increased the level of awareness of folic acid and its importance, we can see in the higher socioeconomic strata of society, we can see some incidence of reduction of spina bifida.

Mr. Regula. Is there a natural source, in the food or----

Mr. Pote. Yes. It is found in leafy green vegetables like spinach and broccoli, and then in smaller quantities in orange juice, and bread and grain are fortified but only to a level that is less than half of what is recommended. The problem is that most Americans, especially younger women and folks in minority communities, often don't have a diet--and I would have to say my diet does not include enough leafy green vegetables to get 400 micrograms of folic acid.

Mr. Regula. I was going to ask you if an ordinary balanced diet would give you sufficient quantity.

Mr. Pote. No. Unlikely. And certainly unlikely among teenage girls.

Mr. Regula. But you can get it in a multivitamin?

Mr. Pote. If you go to a drugstore and select almost any one-a-day multivitamin, you will find today 400 micrograms of folic acid.

Mr. Regula. Well, schools ought to get that kind of information out, because they are dealing with young people. They are making diet decisions and so on. It is interesting. It is a never-ending challenge, isn't it?

Mr. Pote. It is unbelievable.

Mr. Smith. A major difference could be made in a lot of lives for very modest expenditure.

Mr. Regula. I understand. If you have been with me here for the last 5 months, you find this true in a lot of different things that afflict people. We hear from a lot of groups. In fact, we are going to hear from a lot today.

So thank you very much for coming.

Mr. Smith. Thank you for your time.

Mr. Regula. At the present time, you are saying the research by NIH is pretty limited?

Mr. Pote. It is. Limited and somewhat fragmented.

Mr. Regula. I wonder if they have this kind of information on their Web site on the folic acid.

Mr. Pote. Yes. CDC does.

Mr. Smith. But again, how many young teenagers and young adults go to that Web site?

Mr. Regula. I understand, exactly. Well, thank you for coming.

Thursday, May 16, 2002.

CONGRESSIONAL DIABETES CAUCUS DIABETES FUNDING

WITNESSES

HON. DIANA DeGETTE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF COLORADO

HON. GEORGE R. NETHERCUTT, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WASHINGTON

Mr. Regula. Okay. Mr. Nethercutt and Diana.

Okay. We welcome you. We have heard a lot about diabetes, starting in January. So we hope----

Ms. DeGette. We are not going to let up on you, Mr. Chairman.

Mr. Regula. I know that. I understand, and you shouldn't.

Mr. Nethercutt. Mr. Chairman, thanks for welcoming us. We appreciate having the chance to testify before this subcommittee, and you especially. Diana and I--Congresswoman DeGette and I are cochairs of the House Diabetes Caucus. I think it is the largest Caucus in the House, roughly 300 members. We are closing in on 300. This disease affects my daughter, diabetes. She is 21, just graduated from college on Friday, and has had it for 15 years. It has been a passion of mine, and I know Diana's and others who are part of the caucus, for the time that we have been faced with diabetes, and this disease is one that affects 16 million people.

It consumes 25 percent of the Medicare dollars that are spent, 800,000 new cases every year. It is a tough disease, and it has consequences on the productivity of the Nation. It costs the country around \$100 billion a year, is the estimate that I have seen. So it is a profound disease that needs, I think, profound solutions, and we believe money is certainly a part of that solution.

We have been strong advocates of doubling the NIH budget. I know this committee and our Appropriations Committee has done a good job in----

Mr. Regula. Well, we are in the fifth year of that, which is theoretically the last year, and we will probably complete the doubling as of this 2003 budget.

Mr. Nethercutt. Sure.

Mr. Regula. That doesn't mean that the efforts stop.

Mr. Nethercutt. Sure. I just want to make a couple of points. I have testimony submitted for the record, and then Diana has comments as well.

My sense is that this is one that affects disproportionately--and the statistical evidence is clear--it affects disproportionately our minority populations, Hispanic populations, black populations, Native Americans, and we are pushing especially hard on Native American diabetes.

Mr. Regula. I thought you were doing that on the Interior Committee.

Mr. Nethercutt. I still do, sir.

But anyway, we know you have a challenge, and there are lots of diseases that affect people very seriously, and we are very sensitive to that. Our approach on this issue as it relates to trying to get more resources for diabetes is that we think we can solve more problems if we can eliminate this diabetes, the scourge of diabetes. We can solve a lot of other collateral problems in the country as it relates to health care. We are pushing hard on the obesity issue----

Mr. Regula. Yeah.

Mr. Nethercutt. In the Native American population. So I am here--you know how I feel. We are very strongly supportive of more research.

[The prepared statement of Congressman Nethercutt follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Have you talked with Dr. Spiegel at NIH?

Mr. Nethercutt. Yes.

Mr. Regula. I would think you probably have.

Mr. Nethercutt. We have repeatedly, and we would like his energy and his commitment and his forward thinking.

Mr. Regula. Congressman Obey and I exchanged visits when Dr. Spiegel came to Wisconsin, and he was in Ohio this past Saturday, and we had quite a large delegation that came to the hearing on this subject.

Mr. Nethercutt. Sure.

Mr. Regula. And I heard from a lot of people. We are close, I think.

Mr. Nethercutt. Well, we feel that way. This transplant technology has been marvelous. You know, 80 percent of the people who have had a transplant are insulin-free for--you know, diabetes-free for at least a year. So it is very promising.

Mr. Regula. I think NIH is putting quite a bit of resources into that one, because they feel that it is one that has a real potential for a breakthrough.

Ms. DeGette. Mr. Chairman, let me add that George and I, we have been cochairs now together for 3 years. So we are like a standup comedy act. We can fill in for each other.

Mr. Regula. That is a good role for George.

Ms. DeGette. Yeah. I try to help him along, yeah.

The first thing I would like to do is welcome a lot of diabetes advocates from around the country who are here in the room with us today, and just to add in to some of the things that George said. And of course, Mr. Chairman, as you recognize, diabetes, surprisingly to many people, is the sixth leading cause of death in this country and affects 17 million Americans, both type 1 and type 2 diabetes. And we have been working in conjunction with this committee to do the doubling of the NIH budget, which is great, and it has happened.

But while the NIH budget has doubled, sadly the percentage of the NIH budget devoted to diabetes has fallen more than 20

percent, and diabetes has grown over 50 percent in the last number of years, particularly type 2 diabetes. And so while we are pleased at the doubling of the NIH budget, we also believe that diabetes research funding should be growing at a much faster rate.

Now, I know that this Committee does not earmark funds. However, I think there are productive ways that George and I and the Caucus can work with the Committee to make sure that we send a strong message to the NIH that because diabetes is such a serious disease which kills so many Americans, we need to increase the commitment.

And I spent a lot of time talking to your predecessor, Mr. Chairman, about this frustration sometimes you might feel about just throwing money into research without results. The good news, as George said, is we are seeing dramatic and stunning breakthroughs in diabetes research. So let me just talk about that.

As George said, the clinical trials relating to transplantation of the islet cells, the insulin-producing cells, is showing tremendous promise. But there are two obstacles to the research that we have to break through on. The first one is the recipients need immunosuppressive therapy to prevent rejection of the cells, and the progress of this research, which is spearheaded by the NIH-funded Immune Tolerance Network would not only help diabetes but also people who suffer from other autoimmune diseases, like lupus, rheumatoid arthritis and multiple sclerosis. And this reason is the primary reason people like George's daughter and my 8-year-old daughter, who have type 1 diabetes, really aren't going to be candidates for this type of cell replacement therapy right now, because the drugs they have to take to prevent rejection are worse than the effects of diabetes on their bodies right now.

The second problem that we have and one that is of greater concern for researchers in the long run is the fact that we don't have enough pancreas from donors to actually make enough islet cells to give replacements to everybody. Less than 2,000 pancreas are available every year, and so if and when the transplants are ready to be applied to everybody who suffers from type 1 diabetes, only a small fraction will benefit. So researchers are looking for alternative sources of insulin-producing cells.

One of the most promising areas is embryonic stem cells, and researchers in Canada and in the United States have had progress in showing that embryonic stem cells can be turned into insulin-producing cells, and that would give a virtually unlimited supply for transplantation.

And by the way, Mr. Chairman, this is why some of us believe we have probably support from over 230, maybe 240 Members of Congress to continue this important research.

I know we have got a vote on, and so I will be brief. With respect to type 2 diabetes, funding for the CDC is critically important for education, for obesity programs like George mentioned, and a lot of other programs.

And, finally, one more thing I would like to mention. As George said, diabetes disproportionately affects communities of color. There is a tribe--an Indian tribe in Arizona, the Pima

Tribe. Fifty percent of the tribe between the ages of 30 and 64 has diabetes. And many Members of Congress, not just George, but many of the rest of us have worked hard to increase funding for the Indian Health Service. We need to continue this type of funding, because if we look at demographics with respect to Latino and Native American populations as well as African-American populations, these are the highest growing populations in the country. So with that, thank you for your good work. Thank the Committee for its good work, but we still have many miles to walk on this issue.

[The prepared statement of Congresswoman DeGette follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Well, I know that Dr. Spiegel is aggressively working at it, and he met with our folks out in Ohio this Saturday. They had quite a delegation there. And I have had a number of constituents who have children like your 8-year-old, and I assume it is a girl. Right?

Ms. DeGette. Yes, little girl.

Mr. Regula. Does she have to take a kit with her to school?

Ms. DeGette. Right. She has four finger pricks every day, at a minimum, and three shots of insulin, at a minimum. As does your daughter.

Mr. Nethercutt. Yeah. Our daughter is on----

Ms. DeGette. She is on a pump now.

Mr. Nethercutt. I might just mention one other thing, Mr. Chairman. This subcommittee put \$1 million in at our request a few years ago to do the Diabetes Research Working Group study, that pathway to a cure. It is a document that exists. We are trying to reach it. It was all the experts in diabetes research around----

Mr. Regula. It wasn't published?

Mr. Nethercutt. It was published; yes, sir.

Ms. DeGette. We can give you a copy.

Mr. Nethercutt. And it charts this pathway to a cure, and says if we have this much money in these years, we will make it. I think Diana put in a resolution a couple of years ago or a year ago that Congress--the House passed 415 to 0, saying we support the goals of the Diabetes Research Working Group report. So there is ample evidence supported by the House that more resources are needed.

Mr. Regula. Well, I guess sometimes cures just take a certain amount of time to make the necessary steps. As I understand it, you can now wear a patch that would----

Ms. DeGette. Mr. Chairman, there is some research going on right now involving an insulin patch, involving inhalable insulin, but of course those courses of action are not a cure, and those haven't been approved for use. When they are approved for use, again----

Mr. Regula. Still, it is just a remedy.

Ms. DeGette. They will just be a--and all of the life-threatening side effects from diabetes will continue, and of course type 2 diabetes we need to continue to work. That is the fastest growing component of diabetes.

Let me just say there will be a cure. What the working group showed is clear pathways to a cure, and the fact that

what you really need is funding for that research. If you can expedite funding for the research, you will have the cure that much faster.

Mr. Regula. We will get a copy of that report. I haven't seen it.

Ms. DeGette. We will get you one. It is an excellent--it shows the research pathways.

Mr. Nethercutt. It does. Very accomplished.

Mr. Regula. Put out by NIH?

Mr. Nethercutt. Yes. It was a scientific panel, interest groups as well as medical doctors and endocrinologists. Everybody, people from Stanford, Harvard, looked at this for a year and came up with a report and said we support this. This can work.

Mr. Regula. Okay. Well, thanks for your time.

Ms. DeGette. Thank you, Mr. Chairman.

[The information provided was too lengthy to be printed and is available in Committee files.]

Thursday, May 16, 2002.

CONGRESSIONAL ALZHEIMER'S TASK FORCE ALZHEIMER'S DISEASE FUNDING

WITNESSES

HON. CHRISTOPHER H. SMITH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

HON. EDWARD J. MARKEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mr. Regula. Chris and Ed.

The Committee will be in recess for whatever time it takes to go vote.

[Recess.]

Mr. Regula. Okay. We will reconvene. I am pleased to welcome our colleagues, and tell us about Alzheimer's.

Mr. Markey. Thank you, Mr. Chairman. I speak with great respect for the Subcommittee, and Chris Smith and I are the cochairs of the Alzheimer's Congressional Task Force. We have 161 members. The great work which this subcommittee has done over the last 10 years has helped to really solve many of the problems which many American families have been confronted with. Over the last 100 years, we are seeing an increase in life expectancy, from 48 years of age which it was for the average American in 1900, to 78 years of age.

Mr. Regula. I might interrupt. Excuse me. One of the NIH people made the comment the other day that every 5 years, life expectancy goes up 1 year.

Mr. Markey. One year. And now it is 78. And one in three babies born today here in Washington, D.C. or anywhere in the United States, has a life expectancy of 100 years, which is quite a thing. That is quite a thing. One in three babies will live to 100 years of age. So you have this interesting dilemma now, where the work which is done by the funding of NIH by this Committee has now basically taken just about every disease, and it is pushed by the life expectancy for every one of them.

But now every one of those diseases, as it is being conquered or pushed back, creates a problem for every one of the individuals, every one of the families, because 1 in 10 people who live over the age of 65 contract Alzheimer's, and one in two people over the age of 87 contract Alzheimer's.

Mr. Regula. One in two?

Mr. Markey. So as we push it back, every one of these groups now confronts this disease. So they all become common targets of the disease as they have this other disease fought. So last year, nearly \$600 million was appropriated by this committee for Alzheimer's. We are asking that it go up to \$800 million. In truth, we would want it to be much higher, because this is the common threat that every American family is unfortunately going to have to deal with as life expectancy expands. And hopefully that can happen.

There is a matching grant program that we would hope would be increased from \$11.5 million to \$25 million. There is a State program that helps with caregiving. Seven in 10 people with Alzheimer's are at home. Mostly it is spouses. In a family who has an Alzheimer's victim, the spouse has it as well for all intents and purposes. They are tied to the spouse. So at a certain level these people are heroes, but they need some help. They need a little bit of additional help at home or respite care or whatever.

And, finally, there is a clinical awards program and a training program that is going to designate the National Institutes of Aging. They are going to pick the best programs in the United States at the best institutions to develop the best clinical programs.

There is a lot of mythology about Alzheimer's, you know, just grandpa is a little--or maybe a little senility is setting in, and they really don't put together the state-of-the-art programs to help the families as well, in terms of the clinical awards, clinical programs. And we would like to see for this coming year \$2.5 million set aside so that the best programs in the United States can be given the research money so that they can do the best clinical programs as well.

This is just a nightmare that is going to hit as each year goes by, as the success in every other program that you have takes hold. I thank the chairman.

[The prepared statement of Congressman Markey follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. I had a 71-year-old engineer from the Hoover Company, which is in my district, testify this year. And he could just read. He was a little more verbal. And he was one of their top engineers. And it is so frustrating to him, because he knows what is happening to him. Today we are going to give a gold medal, but President Reagan won't be there, and it is debilitating. And the family impact--the wife of the gentleman that testified last week said, I love to ski. I can't go skiing anymore. I can't--I am just home bound.

Chris, do you want to add---

Mr. Smith. That is just about everything that is in my

testimony as well; but, you know, as he pointed out, we do have 161 Members who are now much more informed, as are we, as to just how debilitating and how the incidence of this disease is rising almost exponentially. The estimates are it will go from 4 to 14 million--currently it is at 4 million--over the next 50 years. So we are looking at a bubble that not only will devastate the individuals and their families if we do not try to find a tourniquet to try to fix this, we also have the unbelievable impact it will have on resources, Medicare and the like, because of the care that is required.

So we do think this is a significant increase, but very much of a justified increase. And I laid out in my testimony, Ed has in his written testimony I am sure as well, but the money will be well spent. One out of every four laudable programs or research projects is funded by NIH. So three-fourths are not funded because of lack of resources. So the 75 percent of those that don't get the money might have the cure, or at least point the way towards a cure.

[The prepared statement of Congressman Smith follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Well, as you both know, as a national policy, we have committed to double the research that is----

Mr. Smith. Oh, I know. You have done so much. We appreciate it.

Mr. Regula. The fifth year of it coming in 2003. They are working at it, obviously. Does the genome project have some potential, the various things that we are doing in genetics and cellular research?

Mr. Markey. They hope so, but there is no big Alzheimer's breakthrough at this point at all, and really time--as Chris was saying, when we go from 4 million people with it today, that is an amazing number of people. That is 4 million, plus the spouse. That is 8 million people who are tied to one disease, to 14 million by the time all the baby boomers are retired. That is 14 times 2. That is 28 million Americans who would just--basically with a spouse, with a victim, you know, with what one does, you know, because the spouse has it for all intents and purposes as well.

So I know that you have a lot of pressure on you, but I think President Reagan, Cyrus Vance, people like this who have the disease--Cyrus Vance just recently died--you see them, they still look physically healthy because of the success of every other program, you know.

Mr. Regula. That is true.

Mr. Markey. This disease, then, as they get older robs them, or else--you know, let us be honest. President Reagan looks like he is a guy that would go to 105, you know. He would still be around because of the success of every other program. Cyrus Vance would still be able to walk around. So unless we really throw the resources at this thing to get it done, unfortunately we will have a kind of O'Henry ending to the story, where we cured the other diseases, where we only have this thing waiting for a high percentage of people.

Mr. Regula. That is true. A Catch-22.

Mr. Smith. Mr. Chairman, the only other thing we are trying to emphasize--and again, you have been very generous. This committee has stepped up to the plate. Those requests for research that go unfunded, three out of four is not insignificant. That is a lot of people, a lot of researchers who may go off and do something else, where they could be finding a cure or at least stopping this disease, arresting it in its tracks. We have had some very informative explanations given to us by some of the top researchers, including one from Boston, and maybe they are not right there close, but this is doable, and we need a Manhattan Project-type mentality to say we are going to whip this, and I think money does make a difference.

Mr. Regula. Well, as you can see, you have been heretwice this morning, and as I look down the list here, there are another dozen diseases that will be testified to by Members. So it is a matter for NIH to sort of balance out the resources, because we give them essentially a lump sum and they make the choices as to where to do the research. And I am sure you have talked to the folks out there.

Well, thanks for coming.

Mr. Markey. Thank you, Mr. Chairman.

Mr. Smith. Thank you, Mr. Chairman.

Thursday, May 16, 2002.

HEALTH PANEL

WITNESSES

HON. DONNA CHRISTENSEN, A REPRESENTATIVE IN CONGRESS FROM THE VIRGIN ISLANDS, CONGRESSIONAL BLACK CAUCUS

HON. CIRO RODRIGUEZ, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS, CONGRESSIONAL HISPANIC CAUCUS

HON. ROBERT UNDERWOOD, A REPRESENTATIVE IN CONGRESS FROM GUAM, CONGRESSIONAL ASIAN PACIFIC CAUCUS

HON. DENNIS KUCINICH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO, CONGRESSIONAL PROGRESSIVE CAUCUS

Mr. Regula. The next panel, Mr. Rodriguez, you are here, and also Mr. Underwood.

We are going to go ahead with you, because I don't want to hold you up while we are waiting on the rest, and you probably have different topics, so we will be happy to hear from you.

Mr. Rodriguez. First of all, let me thank you, Mr. Chairman, for allowing us this opportunity to go before you as a Hispanic Caucus. You well understand some of the conditions that Hispanics throughout the country are suffering, and I want to take this opportunity first of all to thank you not only for listening, but there is no doubt that you are genuine about your concern also and the seriousness of the situations that we feel, especially in the area of health care.

Let me quickly just get to some of the specific points. One of the major points that we are very concerned about from the Hispanic population perspective is the fact that we represent 12.5 percent of the U.S. population, and over 11 million Hispanics still lack access to health care. And so we have the

largest number of uninsured in this country. And a lot of them are working Americans that have just to work in those small-company types of jobs that don't have access to insurance, and find themselves unable to qualify for Medicaid and not able to be able to purchase the insurance for them to take care of their kids and families. So I just wanted to lay that out, because it is a critical issue that confronts all Americans.

Secondly, because of that, we feel very strongly about the Community Health Centers that are a valuable part of the local communities, and we fully support their efforts. In that specific area, we are asking that you seriously consider additional funding of over \$250 million for those Community Health Centers.

Mr. Regula. I like the Community Health Centers, and we are going to give that a lot of attention.

Mr. Rodriguez. Thank you very much, because those really go out there and fit in that gap, especially for those persons that are kind of low- and middle-income that don't qualify for that Medicaid. So thank you very much.

In addition to that, we are also very supportive of the expansion of SCHIP and Medicaid to legal immigrant citizens, and we are talking about not undocumented ones, not illegal; we are talking about legal immigrant citizens. And we ask that you seriously look at funding those resources. By giving the States and the SCHIP/Medicaid--by giving the States the option to expand the services, also we would provide health care coverage to more than 144,000 children and 33,000 expectant mothers or pregnant mothers. And so in that area the CBO cost estimates that the initiative would be about \$565 million over a 5-year period. And that is also a critical area.

One other aspect that I want to share with you, especially for Hispanic Americans, is both the cultural competencies and language proficiency requirements. On March 14th of 2002, the Office of Management and Budget released a report to Congress on the assessment of the total benefits and cost of implementation of Executive Order 13166, and that is the order that allows--to make sure that people have the opportunity to have access to service for limited English proficiency population. In that specific area, we are looking--the Hispanic Caucus requests an increase of \$3 million for activities for the Center for Linguistics and Cultural Competence and Health Care at the Office of Minority Health in the Department of Health and Human Services. And so we ask that you really kind of look at that. And this area is even more critical when we look at the area of mental health services. When the person has a mental health difficulty, if they don't have competent staff that can communicate, we find some real serious problems.

In the area of chronic and communicable diseases, in that specific area, the area of diabetes hits Hispanics disproportionately. In the last decade, diabetes increased by 33 percent, and it continues to be a major problem in the Hispanic community. And according to the CDC, 10.2 percent of all Hispanics have diabetes, and so in that specific area we ask you to continue to put an emphasis on that. We ask that an increased funding level of 100 million for Hispanic-focused diabetes prevention and treatment programs be looked at and considered.

On the HIV and AIDS project, the Caucus supports the full

funding of \$540 million for the Minority AIDS Initiative to promote capacity building for minority community-based organizations. One of the difficulties we encounter is that we don't in our community, the Hispanic community, we don't have the CBOs, the community-based organizations, and there is a real need for us to outreach to those populations. While the Hispanics are 12.5 percent of the population, the AIDS numbers now, 19 percent of them are the ones that are catching HIV/AIDS, is Hispanic. So the numbers are increasing disproportionately to our population.

I had mentioned to you earlier the area of mental health and substance abuse. That is an area where the culturally competent situation is real critical, real important, and in the area of substance abuse and mental health, we are not providing enough resources in that specific area. And there is a direct correlation. A lot of people when they are mentally ill go directly and sometimes try to medicate themselves, and so a lot of our substance abusers have mental health problems. And so I ask that you seriously look at that area that we all have a tendency to forget and neglect.

From the health professional programs, the Hispanic medically underserved population, show that we have 5 percent of the total physicians and less than 2 percent of the registered nurses. And because of that, we ask support for a funding level of \$40 million for the HRSA Health Careers Opportunity program and \$40 million for the HRSA Centers of Excellence program. These programs allow for training, as you well know, the difficulty we have now with--the need not only in nursing but in every health profession. There is a real disparity there. There is a need for a larger number of people out there in the field, and in all honesty, we used to bring them in with H1B visas, large numbers of people. Now because of 9-11, we really need to look at training our own and providing those resources for them. So I ask for your serious consideration in that area.

In the area of research and data collection, the Caucus requests a \$225 million funding level for the Center for Minority Health and \$5 million earmarked for the National Hispanic Health Foundation. And, finally, the Caucus supports a funding level of \$325,000 for the National Hispanic Leadership Fellowship program. And this is a specific fellowship program that we think very highly of, and as a caucus have decided to support. And I know we have given you written testimony on these areas, a little more extensive and once again---

Mr. Regula. Yes. Your statement will be in the record.

Is this a new program, this last one you mentioned?

Mr. Rodriguez. This last one, my understanding is it started last year, although I might have to get a correction on that, because I know it is a program that we have been working on, and it is called the National Hispanic Leadership Fellowship program, and I would ask my staff real quickly--is it a new program?

Ms. Marquez. Actually it was established last year, but it hasn't----

Mr. Rodriguez. It hasn't been funded.

Mr. Regula. It is authorized but not funded?

Mr. Rodriguez. Yeah. So we ask you for \$325,000, and this

is one of the first--it would be a fellowship program that would call for 60 mid-career Hispanic physicians. On the border, most of our people--and we always complain about Mexicans coming over, but in all honesty, it is a brain drain to Mexico because we bring--half of the physicians that are Hispanic in San Antonio got their education in Mexico. And so there is a real need for us to educate our own.

Mr. Regula. Is that a new program or is it----

Ms. Marquez. It is a new program, but we have support at the Office of Minority Health.

Mr. Rodriguez. And let me just stress one other thing just across the board, and this is known data, but my understanding is--and it goes back to the early 1990s--that we were producing 12- to 13,000 doctors per year and bringing in 3- to 5,000 from abroad. And in this country we really need to beef up in that area, and we are really lacking, and we are bringing--and now that we have to be extra cautious as to who comes into this country, so I want to thank you once again.

Mr. Regula. Thank you, and your full statement will be in the record.

[The prepared statement of Congressman Rodriguez follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Mr. Underwood.

Mr. Underwood. Good morning, Mr. Chairman, and thank you for the opportunity to testify before your appropriations subcommittee. I am here to speak to you about the Congressional Asian Pacific American Caucus's concern regarding the health care of our minority communities. Several weeks ago, I had the opportunity to participate in a hearing chaired by Congresswoman Christensen on the status and progress of the U.S. Department of Health and Human Services initiatives to eliminate racial and ethnic disparities in health. The National Institutes of Health, National Center for Minority Health and Health Disparities, Institute of Medicine, Office of Minority Health, the HIV/AIDS Bureau, they all confirm that racial and ethnic minorities continue to experience a lower quality of health care. And for 20 years, study upon study have supported these facts.

And I think as members of minority caucuses, we are here to help continue to cement the case and ask for some consideration of that. We have, as outlined by the previous speaker, we have in place many of the mechanisms and programs which prove that health disparities exist, and offer solutions to bridge the gaps in our health system. With this knowledge, I urge that we press forward and adequately fund many of these programs.

But before I mention some specific programs, I would just like the opportunity to address some of the barriers in health care that are experienced by the communities represented in the Asian Pacific American Caucus. Lack of good data has always been an issue with APIAs, particularly for Native Hawaiians and other Pacific Islanders, which are not disaggregated from that data. Our communities that are represented under the Asian Pacific American community are very diverse and come from a wide range of backgrounds. We share in common having the Asian

and Pacific Ocean as our homeland, but certainly the diversity is great.

Language access is a barrier for many APIAs. The majority of APIAs face greater difficulties in communicating with health providers because of language barriers and cultural competencies. The high cost of health care is a barrier to receiving medical services. APIAs, particularly those of lower levels of education and higher rates of poverty and those ineligible for Medicaid, find it especially difficult to secure insurance.

In particular, I want to draw attention to an issue that I know you are familiar with, particularly in terms of Interior appropriations, and that is the territories continue to remain ineligible for--or their Medicaid services are capped, and as a consequence, they don't receive equitable access to health care, and then the local governments are very financially strapped.

In addition to these tremendous challenges in the health conditions that are particularly problematic for APIA subpopulations, studies also reveal that our communities experience dramatic disparities in their health care and health outcomes. Diabetes is a growing concern among Asian Americans and Pacific Islanders. For the people of Guam, they suffer diabetes five times the national average, and it is something that has just developed over the past couple of generations.

Mr. Regula. Is obesity a problem or do they go together?

Mr. Underwood. Obesity and diet are a big part of it but a lot of changes have occurred since----

Mr. Regula. Is CDC working out there, because they are focused on----

Mr. Underwood. They are focused on it, but we are trying to get them to focus particularly in Guam and American Samoa, and they have been a little resistant on that. Perhaps with a little prodding from you, Mr. Chairman, it will go a long way.

Mr. Regula. I will make a note of that.

Mr. Underwood. Cancer affects APIAs in varying degrees. For example, the prevalence of cervical cancer incidences are five times higher for Vietnamese women. Liver cancer amongst Vietnamese Americans is 11 times higher. Chinese Americans experience the highest incident of nasopharyngeal cancer in the region. And, additionally, Native Hawaiians continue to experience the second highest mortality due to lung cancer.

Given all of these things, we certainly hope that the Committee will see fit to continue a full funding of the National Center of Minority Health and Health Disparities. We also hope that the Committee will continue to monitor the progress of the National Cancer Institute, and we request \$5.69 billion for fiscal year 2003. The Center for Disease Control and Prevention programs provide vital cancer education, outreach, prevention and screening efforts. Therefore, we request an appropriation of \$348 million, and this will go a long way towards resolving some of the issues in our communities.

Racial and ethnic approaches to community health, more commonly labeled as REACH 2010, are intended to help communities mobilize and organize their resources in support of effective and sustainable programs which will eliminate health

disparities amongst racial and ethnic minorities. And we certainly support full funding for REACH 2010 of \$120 million.

Minority AIDS Initiative is a comprehensive package of programs aimed at reducing HIV/AIDS, and as we did last year, we are requesting an appropriation of \$540 million for the Minority AIDS Initiative.

And Community Health Centers--and I know in the previous discussion, you indicated strong support for that--this is something that is very vital in many of our communities, and it provides comprehensive primary care to more than 11 million children and adults in 3,200 communities across the Nation, and particularly help for the uninsured Americans and one of every eight low-income Americans, and for territories where not everyone is eligible for Medicaid.

Mr. Regula. I understand.

Mr. Underwood. And in closing, I would also ask this committee to consider, again, appropriating some resources for Americans living in the territories who are living with a gaping hole in Medicaid and other safety net resources. Thank you for your attention.

[The prepared statement of Congressman Underwood follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. How are you getting along with the tree snakes out there?

Mr. Underwood. Well, you know, the tree snakes are not having problems with their health, as much as we would like. So, you know, I would----

Mr. Regula. They are too healthy, huh?

Mr. Underwood. They are too healthy. So I hope that we can focus on people's health.

Mr. Regula. By the way, we checked, and the National Hispanic Leadership program is at HRSA, so it is an ongoing program. It was funded at \$325,000 last year, and that is of course what your request is, so we are aware of it.

Mrs. Christensen.

Mrs. Christensen. Thank you, Mr. Chairman. I appreciate the opportunity once again to join my colleagues on this very important panel. You already have my written testimony. It contains the details, specific funding, and language requests as well as African American health data. And I also wanted to say at the outset that although I will be speaking specifically to the issues in African American communities, my remarks generally are applicable to all communities of color, and those in our rural communities as well.

And what I am here to try to do today is to leave you and the other members of the Committee with one indelible message, and that message is that there are gross inequities in health care which cause hundreds of preventable deaths in the African American community every day which tear at families, drain the lifeblood of our communities, and breed an escalating cycle of despair which this subcommittee and the overall Committee has the power and the opportunity to end. The choice of it can be considered that as either to write off human beings, our brothers and sisters who make up this segment of the population, or to make the requisite investment in

fixing what is an inadequate, a discriminating--as we have recently heard through the IOM report--and a dysfunctional health care system.

So, yes, there are funding requests outlined in my written testimony, and I consider them the bare minimum to ensure that, one, our children have the opportunity for good health; two, that there are health care professionals who can bridge the race, ethnicity, and language gaps to bring wellness within the reach of our now sick and dying communities; three, that States and communities will receive the help to fill the gaps and repair the deficiencies of access and services; and, four, which will enable the affected communities themselves to take ownership of the problems and the solutions to their increasing health care crisis, which is a crisis that not only threatens our communities but threatens the health and the security of all Americans.

If we have learned nothing in the last 10 years, we should have learned that cost containment strategies in our unequal system of care can never bring down health care costs. We can only ensure that quality health care will be within the reach of future generations if we make a major investment in prevention and in increasing access to health care today.

And so I urge the Committee to give serious and favorable consideration to all of our funding requests, those that you have heard and those included in my testimony, some of which are the same. Some would bring the 2003 budget up to the 2002 level, while others request increases. Based on recent information, I have also slightly revised my written request, added in a few other things, some of which are just language, and we will submit them to the Committee.

Because of the time limitations, I would like to focus on just a few areas which are contained in my request. One is the Office of Civil Rights of the Department of Health and Human Services, which was highlighted in the IOM report which Congress paid for. They have not been able to fully live up to their mandate on the current funding constraints, and to ensure that no one is denied necessary health care because of race, ethnicity, or language, they have to have the tools to do their job. So bringing equity into our health care system demands a funding increase for that office.

Mrs. Christensen. On another issue, as Congressman Underwood pointed out, years of Medicaid caps have created a crisis in the health care system in the offshore territories of the United States. To address and resolve this, we would request that a sum of \$50 million be made available to the Secretary for territorial hospitals and health departments to close some of those critical health care gaps and to repair infrastructure deficiencies.

The third issue is the Minority AIDS Initiative, the flagstaff of the CBC health care agenda. It is that not only because it targets a disease that is devastating our communities with disproportionate impact, but also, and more importantly, because it can be the seed that changes the culture in our neighborhoods from one of illness to one of wellness, not just for HIV/AIDS but for all diseases. So we also ask for the same figure that we asked for last year, \$540 million.

But there is another critically important part of our

request in this Initiative with respect to language. Last year, in response to the Department, the Committee diluted the language, targeting the dollars to the heavily impacted communities of color, and thwarted the original intent of the initiative, which was to change the failed programs of the last 20 years and replace them with community-based initiatives.

To begin correcting this, we respectfully request that the Subcommittee return to the original 1999 language. It is our strong and studied opinion that since, despite previous attempted interventions, communities of color now make up two-thirds of new HIV infections and AIDS cases and also because of the overwhelming body of evidence most recently outlined in the congressionally-commissioned IOM report which demonstrates long-term and clear discrimination against these population groups, that there presents a clear and compelling government interest for this funding to be targeted to these disproportionately impacted communities specifically through their indigenous organizations. There is a strong body of evidence also that community-based strategies are the most effective.

If this recommendation is not accepted by the Committee, we ask that we continue to work together to reach a mutually agreeable alternative, perhaps similar to the one that I included in my written testimony.

Just a few other requests for language, very briefly:

One, that in all funding for health care programs attention be called to areas where there are high disparities;

Two, that the high disparity areas also be included under the title of medically underserved areas for National Health Service Corps and Community Health Center placement;

Also, that the Secretary be directed that all programs funded by the Department collect data by race, ethnicity and language, and that the discretion provided to the Secretary to fund the Offices of Minority Health within those agencies be made a directive, rather than left to the Secretary's discretion;

Within the \$2.8 billion increase to NIH, we ask that the Director be directed to utilize an appropriate portion of that funding for community-based research or for programs that take what they find in research and put into practice, because we are doing this increase at NIH at the expense of services and prevention, and we can perhaps bridge that by directing that they do community-based research and that they focus on programs that translate research into practice;

That the Center for Minority and Disparity Research get increases, as well, for all of their programs but particularly for those that focus on expanding the research infrastructure of minority health profession schools who cannot now compete with the other schools and, therefore, cannot respond to the needs of our communities.

In summary, I join my colleagues here this morning to call on this esteemed and distinguished committee to make a commitment to eliminate the disparities that have existed for centuries and are increasing today for African-Americans and to help us ensure equality in health care for us and everyone else in this country.

The cost will be significant, but the cost in lives and to

our economy in the future are risks that we ought not to take, we should not take, we must not take.

Once again, this subcommittee and the larger Committee has the power to eliminate the disparities in health care. On behalf of the Congressional Black Caucus and personally, thank you again for the opportunity to testify.

Mr. Regula. Let me paraphrase your testimony by using an education phrase, only change it to health care: ``leave no American behind.''

Mrs. Christensen. Absolutely. Absolutely. Because we have been behind for too long, and when we think that hundreds of people are dying every day just from preventable causes because they just cannot get the kind of health care they need or they get there and the language barriers do not provide for adequate communication between the provider and the patient, that is unacceptable in a country that has the resources to do better.

Mr. Regula. I can understand your feeling.

[The prepared statement of Congresswoman Christensen follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Mr. Kucinich.

Mr. Kucinich. I thank my good friend and fellow Ohioan for giving me the opportunity to come to speak in front of your subcommittee.

I am testifying today on behalf of the Progressive Caucus to ask for the Subcommittee's leadership on an important goal: helping Americans access basic health care services. Nearly 43 million Americans lack basic health care and lack health insurance. Three-fourths of uninsured people live in families where at least one person works full time, and 20 percent of the uninsured are in families where two people work full time. Most uninsured adults say the main reason they don't have insurance is because they can't afford the premium.

I personally believe, Mr. Chairman, that our Nation should have universal health care. In the meantime, I believe we need to provide strong support for other programs to ensure that families can access needed health care.

Health centers are frequently the only source of health care for the uninsured and the underinsured. They provide an effective and an efficient means of providing care, with medical costs averaging at \$1 per patient per day. More than 3,400 health care delivery sites are located in the country, and they provide primary health care services to more than 12 million people every year.

However, compared to the number of uninsured families, this is far from meeting the need. Considering that an estimated 12 million Americans lost health insurance just last year, the demand is growing for services. In order to help families access basic primary health care services, the Progressive Caucus asks for a \$200 million increase in funding to the Consolidated Health Centers Program.

Mr. Regula. How many do you have in Cleveland?

Mr. Kucinich. We have about six centers in Cleveland.

Mr. Regula. Do they get some Federal funding via---

Mr. Kucinich. Yes, they do.

Mr. Regula. All of them?

Mr. Kucinich. Yes, each one gets some funds.

Mr. Regula. They certainly relieve the emergency rooms in the hospital.

Mr. Kucinich. Absolutely, Mr. Chairman. Our emergency rooms are already overloaded. Any emergency room you go into, it is a long way. They are understaffed, they are overutilized. These health centers provide a valuable means of protecting the rest of the health infrastructure from overload.

Mr. Regula. Does the city contribute to these?

Mr. Kucinich. They do. In some cases, the city will contribute a building, paying the lease costs on it. They may contribute funds for personnel, for security. You know, the city does involve itself in helping to maintain the centers, and they are actually operated under the auspices of the City of Cleveland.

Mr. Regula. Do they get some volunteers, professionals, retired doctors, nurses, that type of thing?

Mr. Kucinich. Not that much. They really rely more on paid staff. While there are professionals who do give help, and I think the State of Ohio has provided some samaritan legal liability coverage----

Mr. Regula. Liability freedom.

Mr. Kucinich. I was in the Senate when we addressed that, but it really does not go anywhere to addressing the urgent needs of people who live in the inner city for health care. Really, when we look at it, these centers provide health care maintenance. Because if people do not have the centers, then they are always going to be in the emergency rooms, because the emergency room ends up being the next choice.

Mr. Regula. That is correct.

Mr. Kucinich. So there are about 2 million Americans, as I mentioned, who lost health insurance last year, so we are going to end up with greater and greater pressure.

These community access programs have served a variety of projects to improve access for all levels of health care; and they help to fill the gaps, as you mentioned, in this healthcare safety net by having an infrastructure and improving it.

So we are encouraging the Committee to fund the cap at as much as \$250 million and this is the amount that the Institute of Medicine has recommended.

We are also asking the support of the Committee for extending Transitional Medicaid Assistance. TMA provides health care for up to 12 months to former Medicaid health care recipients who are entering the workforce. This is significant because they enter the workforce and their income goes up and it makes them ineligible for Medicaid and their earnings are not enough to afford employer-sponsored coverage, so they are kind of caught.

Mr. Regula. It is a catch-22.

Mr. Kucinich. Exactly. So in families experiencing a no-win system, having a way to access health care is a critical work support.

Mr. Regula. I think we should maintain that coverage for at least a substantial period of time while they transition to work.

Mr. Kucinich. If you could do that, Mr. Chairman, that would be most appreciated.

Just to conclude, we are also here to support increased funding for addressing the AIDS crisis. The Minority AIDS Initiative is a critical component of our Nation's response to the HIV/AIDS epidemic, and an appropriation of \$540 million for this initiative would enable organizations and providers in minority communities to address life-threatening and unmet health needs by strengthening and expanding HIV/AIDS prevention. We are urging \$540 million for the Minority AIDS Initiative.

I want to say that your committee and you, Mr. Chairman, have been a leader in funding initiatives to make health advancements accessible to all Americans. I appreciate very much whatever consideration you might provide for the people of this country.

Mr. Regula. We are sensitive to that. Of course, we are very much involved in the research and prevention. I would like to see more done in prevention. We always work toward the cure, but if you can prevent it, that is a more efficient way.

Mr. Kucinich. I am in full agreement, Mr. Chairman. As a matter of fact, I think that, as medicine advances, more and more people are looking for something else, so our support of allopathic medicine and holistic medical practitioners--they are becoming more and more sought after, in line with trying to prevent the consequences of unfortunate health consequences.

Mr. Regula. Thank you for coming.

Mr. Kucinich. Thank you.

When it is appropriate, Mr. Chairman, I have been asked by the Caucus to testify on behalf of the Progressive Caucus about education funding, whenever that is appropriate.

Mr. Regula. You can just stay right there. That is our next panel.

Your statement on this will be in the record.

[The prepared statement of Congressman Kucinich follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Thursday, May 16, 2002.

EDUCATION PANEL

WITNESSES

HON. DENNIS KUCINICH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO, CONGRESSIONAL PROGRESSIVE CAUCUS

HON. MAJOR OWENS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK, CONGRESSIONAL BLACK CAUCUS

HON. RUBEN HINOJOSA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS, CONGRESSIONAL HISPANIC CAUCUS

HON. MICHAEL HONDA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA, CONGRESSIONAL ASIAN PACIFIC CAUCUS

Mr. Regula. We have on the education panel Mr. Kucinich, Mr. Owens is here, Mr. Hinojosa, and Mr. Honda.

As I understand, you have another time problem, sir.

Mr. Honda. I have a markup to go to.

Mr. Regula. We will lead off with your testimony.

Mr. Honda. Thank you, Mr. Chairman. I appreciate your thoughtful and considerate hearing on these matters.

Before I begin, may I ask that my prepared written statement be included in the record?

Mr. Regula. Without objection, it will be included in the record and read by the staff.

Mr. Honda. I'm sure they will be. I have been watching them, and they are very attentive. And it is true. That is my observation.

As Vice-Chair of the Asian and Pacific Islander American Caucus, Mr. Chairman, I am here to share with you our concerns regarding education as it applies to our communities.

In order to effectively address the serious educational needs of the Asian and Pacific Islander American communities, we in Congress must educate ourselves as to the realities that these communities face. The current educational support system fails to meet many of the substantial needs of the APIA communities.

One of the misperceptions is that our population appearsthat we do not require educational support. One of the reasons that occurs is that there is a failure to disaggregate the statistics concerning the performance of APIA students.

General misconceptions about Asian and Pacific Islander Americans ignore the diversity that exists within the community. Misrepresentations can have serious consequences for APIAs. For example, they are often excluded as an underrepresented minority in higher education or not recognized as a group encompassing many subpopulations that each have specific needs.

I have heard you have had a dialogue with other Members just prior to this committee. I am certain that you understand that the APIA population needs to be disaggregated in order to be considered properly. Groups such as Pacific Islanders and East Asian Americans have not achieved the level of academic success as other groups within the Asian Pacific Islander community have.

The lack of good data has always been an issue with APIAs. The practice of aggregating data for this large and diverse population, which was historically classified as ``other'', has made it an enormous challenge to discern the unique problems faced by the APIA populations.

Even when considered as an undifferentiated groups, APIAs tend to achieve less educational success than commonly assumed. In 1999, the U.S. Census Bureau reported that APIAs were more likely than non Hispanic Caucasians to have less than a ninth grade education.

APIAs are unique among American racial minority groups in several aspects. Notably, they have neither a college fund nor a Federal mechanism for channelling higher educational resources to them. Consequently, they lack important institutions that could focus policy efforts on educational research and reform and, at the same time, direct resources to worthy low-income students. That is why it is essential that you make an extra effort to examine the needs of this overlooked population.

One of the most critical educational needs of the APIA communities is second language acquisition. The White House Initiative on Asian Americans and Pacific Islanders identified linguistic access as one of the keys to improving the quality of life of APIAs. The Commission asserts that support for both ESL and bilingual education and training programs are needed.

Title III of the No Child Left Behind Act changes the structure of Federal bilingual education funding from a competitive grant to a proportionate formula to the States based on the number of limited-English-proficient students, presenting an opportunity to help Southeast Asian communities. However, the \$650 million appropriation level would cause funding to be spread too thinly among the States.

I would urge, Mr. Chairman, that appropriations for this important program be increased to \$1.2 billion. This amount will ensure that all school districts will have enough funds to provide bilingual education for the limited-English-proficient students.

The No Child Left Behind Act also establishes Local Family Information Centers, which provide parent information and training through Community-Based Organizations to parents of Title I students. Through the CBOs and the Parent Information Resource Centers, families are provided with important information on who to contact with their concerns, ways they can assist their schools, and what resources their school districts have.

Southeast Asian parents, for example, often find it difficult to guide their children through the American educational process, partly because many of them do not understand that process and are not able to communicate with teachers because of cultural and language barriers. Local Family Information Centers would be valuable tools in involving these families in the schools.

Currently, there is only enough funding for one Center per State. These Local Family Information Centers would be both culturally and linguistically appropriate. Increasing appropriations for these centers to \$100 million from \$60 million would lead to a significant improvement in the effectiveness of this initiative. I would urge the Committee to do so.

At the same time, higher education needs must not be neglected. I urge that TRIO and Pell Grant programs be appropriated full funding.

One other major programming that impacts APIAs substantially is the Native Hawaiian Education Act. In fiscal year 2002, it was funded at \$30.5 million. For fiscal year 2003, the budget proposal would only fund it at \$18.3 million. I would urge a restoration of funding for this important program to the fiscal year 2002 funding levels.

As APIAs are the fastest-growing population in the United States, it is incumbent upon us at the Federal level to recognize the needs of our communities and take action to address them.

Once again, Mr. Chairman, I appreciate your attention and your dialogue that I have observed here in this committee.

Mr. Regula. Does the State of California--is it participating in these programs? We are doing some at the

Federal level, but is the State involved?

Mr. Honda. The State of California is involved at a very good level. Having been in the California State Assembly for 4 years and on the educational committee----

Mr. Regula. You made sure it happened?

Mr. Honda. We had many partners that helped together on both sides of the aisle that understood and recognized the problems. Having the partners at the Federal level greatly enhanced the programs and helped these youngsters. Especially, again, as we said, when we disaggregate the population, we see that they are very, very unique and have specific and deep needs for these populations.

Mr. Regula. Thank you for coming.

Mr. Honda. Thank you, Mr. Chairman.

[The prepared statement of Congressman Honda follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Mr. Hinojosa.

Mr. Hinojosa. Thank you, Mr. Chairman. I want to say thank you for allowing me to come before the Subcommittee to discuss the educational needs of Hispanic children, as well as to express the position of the Congressional Hispanic Caucus.

You have before you my written testimony, and I do not intend to take the time to read through it.

Mr. Regula. It will be made part of the record.

Mr. Hinojosa. I appreciate that, Mr. Chairman.

Hispanic children will represent 25 percent of the total student population by the year 2030.

Mr. Regula. Nationally?

Mr. Hinojosa. Nationally, yes. The growth in my area, for example, in the 15th Congressional District, the elementary children K through 12 grew from 92 percent Hispanic to 96 percent Hispanic in the decade of 1990 to 2000.

Mr. Regula. Are you on the Mexican border?

Mr. Hinojosa. Right on the Texas-Mexico border.

Mr. Regula. You see an influx?

Mr. Hinojosa. Yes, we do. I can tell you that the children born of Mexican immigrant parents or Hispanic parents--the group is very large, like myself. I am first-generation American, born of Mexican immigrant parents, 11 children, and all I can tell you is that, throughout the Southwest, the percentage of Hispanic children has grown dramatically. My district grew 48 percent from 1990 to 2000.

Mr. Regula. Are most of those born here or do they get here through migration?

Mr. Hinojosa. The largest majority are born here.

Mr. Regula. What kind of system does Mexico have in education? Do they have----

Mr. Hinojosa. They have public schools. They have two groups, one that goes in the morning and another one that goes in the afternoon, because they do not have enough classroom facilities. So they are doing the best they can, but, of course, it is a country with low means and not enough financial resources.

Mr. Regula. Would you consider your school district poor or

moderate? I am talking about the tax base.

Mr. Hinojosa. The area that I represent has three school districts that are considered to be in the lowest 10 school districts in the State of Texas. There are 1,050 school districts, and I have several that are in the lowest 10, poorest taxable wealth per child. So, yes, there is a lot of poverty. We are getting better because we are moving from agriculture jobs to non-farm jobs, and we are seeing a tremendous improvement in the Federal investment in public schools and community colleges and universities in south Texas in the last 5 years.

Mr. Regula. Does the Hispanic community produce teachers? Are the young people going into education there in the classrooms?

Mr. Hinojosa. Yes, we do. The University of Texas Pan American has the largest number of Hispanic education graduates, education majors, in the State of Texas.

Mr. Regula. It seems to me they could be role models.

Mr. Hinojosa. Absolutely. What we need is to continue the Pell Grants. We need to have additional student financial aid because--take the South Texas Community College in my district, with 13,000 students. Ninety-two percent are on financial assistance. If it were not for those loans, they could not go to community college.

In the University of Texas Pan American, 80 percent are on student financial assistance, so all of that is part of my testimony that it is something that is greatly needed and supported by the Congressional Hispanic Caucus.

Also, I would like to say that specifically programs like Title I are of great help to us throughout the country for many of the Hispanic children. Bilingual education is one that we are very strongly supporting, both the bilingual and the dual language program, and we are suggesting a funding level of \$1.2 billion for Title III of ESEA to serve over 4 million students.

Adult education is another one that is extremely important, because we have so many adults who want to be able to master English enough to get their citizenship. Specifically, we are requesting \$250 million for adult English as a second language.

Migrant education is another one that is very, very important. We have about 4 million students of farm workers and family members who travel throughout the country and do farm work annually, and there are 17,000 schools, largely in rural areas, in all 50 States that have migrant students. We are asking that you give funding--a funding level of \$27 million for the High School Equivalency Program and \$23 million for the College Assistance Migrant Program.

The other programs that have been considered by the Congressional Hispanic Caucus to be very helpful and exemplary are the Dropout Prevention Program, the TRIO program, and the GEAR-UP program. Those are helping us reduce the dropout rate of 30 percent among Latino students, as compared to only 10 percent for non-Hispanic white students.

We are requesting through the Caucus \$1 billion for the TRIO program, and we are requesting \$425 million for the GEAR-UP program.

The HSIs is another group that you have been very supportive of helping because they do a good job of recruitment

and retention and helping students graduate. We are asking and requesting \$125 million for the Title V developing institutions program known as the HSIs.

Finally, I want to reemphasize the importance of the Pell Grants, because that is how so many of our students----

Mr. Regula. As you know, we jacked those up quite a bit.

Mr. Hinojosa. They have gone up in the last 5 years, but I am just concerned at what I see in the proposed budget for 2003, where the cuts of almost \$1 billion have such a big impact on regions like mine.

Mr. Regula. On Pell, you mean?

Mr. Hinojosa. Yes.

Mr. Regula. I think we will maintain Pell at its present level.

Mr. Hinojosa. All I can tell you is that we were so neglected that it is going to take quite an investment over the next 5 years to catch up. I am here to speak up and be a loud voice and to work with friends like Major Owens and others to really focus and be loud in saying that there has been neglect to the minorities and this is something that we just cannot allow to happen.

Mr. Regula. I can understand that. Well, we appreciate your comments.

Mr. Hinojosa. I appreciate very much the opportunity to have this chat with you.

Mr. Regula. Is the State in Texas doing their share?

Mr. Hinojosa. Not enough. In my opinion, they need to up the ante. The growth of the State of Texas was so much that we have two new Congressmen, and they simply need to increase the amount that they budget for education.

Mr. Regula. Thank you.

[The prepared statement of Congressman Hinojosa follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Congressman Owens.

Mr. Owens. Mr. Chairman, I would like to make a few brief statements to reinforce my written submission.

As you know, the Congressional Black Caucus has consistently not hesitated to call for large increases in the education budget, not merely for the African American community but for education overall. We think the Nation suffers greatly from the misguided philosophy that education is not a Federal responsibility and that the Federal Government should assume much more responsibility than it has traditionally.

Right now I guess we are up to about between 7 and 8 percent of the total education expenditure for the whole country is Federal. We could go from 7 or 8 percent to 25 percent easily without jeopardizing control of education at the State and local level, which is what most people said they fear if education is financed by the Federal Government. We need more Federal funding and Federal involvement at this pivotal point in the Nation's history.

Of course, I must congratulate this subcommittee and the Committee, because in the past 7 years you have done a great job in moving beyond the requests of the Administrations and

sometimes the request of our own Committee on the Budget. In the past 7 years, education increases have averaged 13 percent and reached as high as 18 percent in 2001. That was done mostly at this committee level. We applaud your wisdom and hope you will continue to show that kind of wisdom and boldness.

However, this administration, despite the September 11 warning, has offered only a 3.7 percent increase. The Congressional Black Caucus is already on record warning that H.R. 1, the No Child Left Behind Presidential initiative, is only a small and inadequate beginning. However, even in H.R. 1, the increases proposed are greater than the increase actually proposed in the President's budget.

The President's proposal in H.R. 1, I would emphasize, this goes far beyond the Congressional Black Caucus, it is for everybody--H.R. 1 proposes to increase Title I over a 5-year period, to double the amount over a 5-year period, and we are only asking that this budget this year take the first increment, one-fifth. What the President has proposed is not one-fifth in 5 years if we are going to reach the goal of doubling Title I in 5 years.

H.R. 1 also recognizes the fact that the programs for special education need special attention. That has been put off in terms of additional funding at a level which we really deserve for another year's consideration.

However, to fund special education, greatly increase the funding there, we are proposing \$11 billion, which would do a great deal for all education, local education agencies across the country, because it would free up money that is presently being spent for special education.

The Federal Government took on the responsibility years ago of pledging or authorizing up to 40 percent of the cost of special education. We are somewhere around 10 percent or 11 percent now. An increase there would give relief to very hard-pressed local education agencies and States at this point.

On the issue of school construction, which the Federal Government or the Administration--this administration and the previous one, I must say--insists that the Federal Government has no role in, schools are still suffering greatly. There is no hope that States and local governments are ever going to be able to catch up and really create the kind of schools that we need.

Just to modernize the schools is one issue. The other is to keep up on the enrollment. The galloping enrollment leaves a lot of children with no place left to sit. Rather than no child left behind, we have some children in large city systems that have no place to sit. Construction must be taken on.

We finally got, with the help of this committee, \$1.2 billion into the last budget of the Clinton administration, and that was spent. Eager applications came in, it was a very popular program, but the present administration has chosen not to put a penny in for school construction for the public schools. However, there is an amount, I think \$125 million or \$175 million, for charter schools. If construction is important for charter schools, then certainly it is important for schools across the board.

In addition to those considerations, I would like to point out the fact that there is a misguided notion that small is

bad, and a lot of small programs have been cut just because they are small.

The Community Technology Centers Program, a program of less than \$300 million, is a very good program which meets a need in the direction of closing the digital divide in communities where people do not own computers and for a long time will not have the incomes or the inclination, because of the competing-- with the small incomes, you do not go out and buy computers. Only after you have the utilization of computers demonstrated do you understand how important they might be for your child.

Those small community technology programs have been zeroed out. We have zeroed out some other programs related to technology, and there is a large complaint out there. The public understands how important those programs are. We have a great groundswell to try to get those programs back. It would take relatively small amounts of money to do what probably will, once it takes hold, will be taken over by private industry. I can see community technology being funded 5 years from now by private sources which have come to understand the importance of it.

There are little programs like We the People Civic Education, costing almost no money, has been zeroed out, at a time when we are very concerned about the preoccupation of our terrorist enemies with nationalistic and ideological education. They are educating their children not only to read and write and to learn how to shoot guns but also with a philosophy of life.

Mr. Regula. We have to look at all these priorities when we put the bill together.

Mr. Owens. These are small amounts of money. Small has been understood to be bad.

Mr. Regula. A lot of small ones add up to a big one.

Mr. Owens. They don't really add up to much. I think the basic hypothesis to begin with was "small is bad," and there is no logic there.

Mr. Regula. Small is good when it is money we have to put in. It is easier to get more programs.

Mr. Owens. Take a look at the target for the smallness and understand where we are. In the whole battle against terrorism, education is our primary weapon against terrorism across the board--

Mr. Regula. I agree with that.

Mr. Owens [continuing]. Including at one very practical level: More of our soldiers have been killed in Afghanistan through human error and friendly fire than have been killed by the enemy, which means that our own high-tech weapons systems could use some better-trained personnel. We need a larger pool of people to draw from for that purpose.

So we consider education in a state of emergency in America. If we are not recognizing that, we are at a pivotal point where what we do with our education system will determine where the Nation is going. All of our advantages in other areas could be swept away if we do not have people who are really educated to run the system and make good decisions.

Mr. Regula. You are absolutely right.

Mr. Owens. Thank you.

Mr. Regula. Thank you.

[The prepared statement of Congressman Owens follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Mr. Kucinich.

Mr. Kucinich. Thanks again to the Chairman for his indulgence. If I might submit my testimony for the record.

Mr. Regula. Without objection, it will be included.

Mr. Kucinich. I thank the Chair.

I will just say that I am here on behalf of the Progressive Congressional Caucus, testifying about education funding for fiscal year 2003.

Earlier this year, the No Child Left Behind Act was signed into law. Congress made the commitment to improving educational opportunities for all students, so I am asking the Committee to increase funding for early childhood education programs, including Head Start. Our Caucus is requesting a \$1 billion increase in funding for Head Start to remove children from waiting lists and to help prepare them to meet the challenges of school.

We are asking the Committee to provide necessary resources for school construction and modernization. We are asking the Committee to raise its level of funding support for Title I to \$16 billion, the amount authorized in the No Child Left Behind Act, which is crucial in improving the quality of education for students in high poverty schools.

Additional funding is needed for the Individuals With Disabilities Act in order to ensure that all students, including students with a disability, receive a quality education.

We also must provide substantial increases to ensure a highly qualified teacher in every classroom.

Additionally, the Progressive Caucus strongly supports increasing funds to assist low-income students in their efforts to achieve a higher education. As the Chair, of course, knows, the cost of college tuition is rising faster than inflation.

In closing, our Caucus is asking the Committee to provide the necessary resources so that children are not left behind but, rather, have access to quality education regardless of their income level, from early childhood education through higher education.

I thank the Chair.

Mr. Regula. There is not any question that these are good programs and we would like to put more in them, but we have a limited amount of resources. That competes with medical research, job training, all of those things. There are so many good things competing for the available dollars.

Mr. Kucinich. I know the Chair has great sensitivity to these things and looks kindly on anything that can lift up the possibilities of each American.

I want to say for the record, I would just share with you my concerns that I have serious reservations about the policies of a nation that on one hand can find a way to increase defense spending \$50 billion but somehow cannot find a way to help improve Head Start and give the poor a chance to pull themselves up by their bootstraps.

Thank you, Mr. Chairman.

Mr. Regula. Well, I am pushing for as much of an allocation as we can get.

Mr. Kucinich. I know that.

Mr. Regula. We have to compete with the other subcommittees for resources.

Mr. Kucinich. I am so grateful that you are there to advocate on our behalf.

Thank you, Mr. Chairman.

Mr. Regula. We are working at it.

[The prepared statement of Congressman Kucinich follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Thursday, May 16, 2002.

CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES

WITNESSES

HON. JUDY BIGGERT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

HON. JUANITA MILLENDER-McDONALD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

HON. CONNIE A. MORELLA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

HON. KAREN THURMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

HON. HEATHER WILSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW MEXICO

HON. MARCY KAPTUR, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Regula. Mr. Meeks, he is not here yet. I think we will do the panel. Most of you are here.

This is the Congressional Caucus for Women's Issues. I will go down the list as I have them in front of me.

Judy, you are number one.

Mrs. Biggert. Thank you. Good morning, Chairman Regula.

As the Republican co-chair of the Congressional Caucus for Women's Issues, I want to thank you for allowing the members of our Caucus to testify before you today.

Each year your subcommittee has provided the Caucus an opportunity to come together as a bipartisan group to discuss issues affecting women and children across our great Nation. We look forward to working with you throughout this year's appropriation process.

Today I want to focus on two critical issues that I have focused on for many years, homeless education and women's health.

First I would like to express my support for the McKinney Education for Homeless Children and Youth Program, and I respectfully request that the subcommittee appropriate \$70 million for this program in fiscal year 2003. This is the amount that was authorized in the No Child Left Behind Act, and full funding would significantly help the most at-risk children and families in America.

There are an estimated 1 million homeless children in our

Nation. Being without a home should not mean being without an education. Studies show that homeless children have four times the rate of delayed development, are twice as likely to repeat a grade, and are more susceptible to being homeless as adults.

The McKinney program is really the only Federal education program targeted to homeless children. In fiscal year 2001, Congress appropriated \$35 million for the program, and last year funding was increased to \$50 million.

Mr. Regula. Judy, excuse me for interrupting, but is the program working? I assume it goes out through the States.

Mrs. Biggert. The program is actually in No Child Left Behind, which was just passed in H.R. 1.

Mr. Regula. The question I have, we put \$50 million in last year. Is it getting results?

Mrs. Biggert. It is getting great results. The problem is that there is not enough money for the numbers, for the 1 million children. It is only able to service about 35 percent.

Mr. Regula. But those that are getting it----

Mrs. Biggert. Prior to this bill, it was done through the States, with money coming from the Federal Government. The problem was that we had to change the program because of the red tape, that children were not included in the schools. When they would go to the schools, the schools would say, I'm sorry, you do not have your records in yet, you don't have all this. It was working as long as there was somebody directing it in the States, but the States came to us and said, we really need this program, too. That is why we put it into Federal legislation.

But I think that the money that was spent with the \$35 million and the \$50 million was used to the maximum and was working, but it was just not enough.

Mr. Regula. It was getting results but maybe not enough?

Mrs. Biggert. Right, and there are too many children being left out.

Mr. Regula. You are requesting \$60 million this year?

Mrs. Biggert. \$70 million. That was what was authorized in H.R. 1.

Mr. Regula. One of the problems with H.R. 1 is it authorized a lot of things that we are not going to have the money to fund. It is easy to authorize and a little more difficult when you have to put up the cash.

Mrs. Biggert. I can understand the problems that you are going to have with this.

Mr. Regula. We are going to have to make priority choices on all these programs. That is why I am interested in as to whether or not this is working. Because we sit here and we appropriate money and always what crosses my mind is are we getting results.

You are telling me that, from what you know about it, it is?

Mrs. Biggert. We are getting results, but it is a very expensive program with providing the transportation, providing funds to really advocate for the children and to get them into the schools.

Mr. Regula. Is it administered through the public school system?

Mrs. Biggert. Yes, it is. It is a public school program.

Mr. Regula. I suppose in the big cities is where the real impact is?

Mrs. Biggert. In the big cities, but even in my area, which would be suburban Chicago, which would be thought of as a rather affluent area, there are some shelters there that take care of these homeless kids. It has been dramatic what they have been able to do, the stories of the kids that have graduated from high school and have gone on to college and actually gotten scholarships.

There is a stigma that kids have when they are living in a shelter or are living in a car and trying to get education. The one thing that really is stable to them is that they have a school to go to.

Mr. Regula. So this program would give them some additional assistance to ensure that they participate in the program?

Mrs. Biggert. That is right; and, really, to even find----

Mr. Regula. To identify them?

Mrs. Biggert. Part of the bill is an education program, outreach, to go out to where these kids are to make sure that they are even going to any school at all. They are kind of lost in the system.

Mr. Regula. Do the States apply for this money, or is it distributed on a formula?

Mrs. Biggert. It is distributed on a formula.

Mr. Regula. Very interesting. Thank you.

If there is anything you want to add, go ahead.

Mrs. Biggert. On the subject of education, I would be remiss if I did not ask for the Committee to consider the full \$450 million for the math and science teacher training. This has been a top priority and certainly in our Committee on Science as well as the Education Committee. Certainly our new high-tech economy demands that students have stronger math and science skills.

A number of reported studies really underscore that girls fall behind boys in math and science skills, and the gap in the upper grades widens, so the No Child Left Behind Act authorizes \$450 million to help teachers better prepare students for careers. This will also help in not having to use all the H-1B visas, so we have a workforce that is trained in this country.

Mr. Regula. I understand.

Mrs. Biggert. Finally, I would like to take a moment to discuss women's health. The bottom line is women do have some fundamentally different health needs that must be addressed. That is why I am pleased that the President has requested an increase in the funding in the Department of Health and Human Services to \$29.1 million. This funding will make a difference in the issues of minority women, violence against women, and women with HIV/AIDS.

So we are pleased that the President's budget conforms with the Subcommittee's commitment to double the budget of the National Institutes of Health to \$27.2 billion next year. We hope that this can be accomplished in the fiscal year 2003 bill.

It certainly is never easy to pick and choose among diseases, and we respect and admire the Subcommittee's efforts to fund a broad array of research programs through the National Institutes of Health, particularly for women and girls.

I think the Committee is well aware of the immense needs in disease research, so we encourage you to carefully consider the most promising research being done on several diseases which primarily affect women and girls and that you work to provide the maximum funding possible. These include breast cancer, cervical cancer, ovarian cancer, Rett syndrome, and osteoporosis.

I think you have heard moving testimony over the last few weeks describing the need for more funding research for heart disease, diabetes, epilepsy, muscular dystrophy, and other neuromuscular disorders and other cancers. We would ask if you would fund at the maximum level for that. The word I know that you hear over and over again is ``more,' ' so, again, I simply add my voice to that chorus and ask that you provide more funding in appropriation for these.

Mr. Regula. I would point out that in women's health we have gone from \$2 billion to \$4 billion over the 5-year period, so it is about a 100 percent increase.

Mrs. Biggert. That is great.

Mr. Regula. I think the NIH is sensitive to this. I think Director Healey was particularly instrumental in pushing women's health issues while she was at the NIH; and we heard, of course, from Julia Roberts the other day on Rett syndrome.

Mrs. Biggert. Yes, and she came to the Women's Caucus after that and brought the families there, and I actually had a family from my district. It was a very moving afternoon.

Mr. Regula. That is one I had not heard of. I have learned about a lot of health issues over the last couple of years. The NIH says there are 6,000 diseases that they have identified, and not many of them have missed us, I do not believe. It is amazing what is out there, and it is a big challenge for them, because they have to make priority choices at NIH. We allocate this year--it will be about \$27 billion, and then they choose where to put the emphasis and what research to fund.

Mrs. Biggert. And I think that is the proper way to do it.

Mr. Regula. We cannot start earmarking on this committee or in the Congress. It would be impossible.

Mrs. Biggert. What we need to do is keep that level up as much as we can. So I know that you have to make tough choices, and lives will literally hang in the balance for those choices that you make. So thank you for the opportunity to testify.

Mr. Regula. Thank you.

[The prepared statement of Congresswoman Biggert follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Ms. McDonald.

Ms. Millender-McDonald. Thank you so much, Mr. Chairman. As always, thank you for allowing the Women's Caucus to come before you this morning. We would like to thank you for your support and your sensitivity.

Certainly this year we have as our theme the wellness of women, and we focus primarily on those types of diseases that Judy and I, leading the 62 women of the House, have chosen as our theme for this year. While we do concentrate on all of the areas that Judy has brought to you, I would like to just draw

your attention to some that I think are equally as important.

As why you know, HIV/AIDS has run rampant in the communities of color, and I have focused somewhat on mother-to-child transmission. This has now been taken up by the Women's Caucus, and we have met with Secretary of HHS Tommy Thompson, who seems to think that if we focus on the mother-to-child transmission that will decrease those numbers exponentially in that fight against HIV/AIDS.

So, in doing so, we are asking that you increase the funding for HIV/AIDS no less than \$5 million, just for the mother-to-child transmission, so we can continue to try to decrease those numbers. Those are the numbers that even the Secretary of HHS has talked about.

Mr. Regula. We are making great strides on that, I am told.

Ms. Millender-McDonald. Absolutely, in that area. So the Women's Caucus really wants to continue to work in that area, because, if we reduce those numbers, we can then reduce the other numbers.

Secondarily, we recognize that in the minority communities the infant mortality is just alarming, 14 deaths per 1,000 in the African American community alone versus six per 1,000 in non-African American communities.

Mr. Regula. What do you attribute that to?

Ms. Millender-McDonald. Prenatal care. Mothers are not getting prenatal care. They do not even have health insurance, so if we can provide some of those clinics and some of those health facilities with the funding that is necessary---

Mr. Regula. Do the community clinics fill somewhat of a role in prenatal care?

Ms. Millender-McDonald. They play a tremendous role.

Mr. Regula. I am very favorable toward those, because I think they relieve the burden on the emergency rooms and they open up some measure of health care for low-income people.

Ms. Millender-McDonald. Absolutely. In addition to that, outreach is so critical, so funding that is provided for prenatal care helps with the outreach programs, as well, because a lot of the women are frightened to death. In my district, I have such a large percentage of immigrant women, and they are just scared to death of going to any health facility, so the outreach is very critical.

We also recognize that heart disease is the number one killer for women. We recognize breast cancer, cervical and ovarian cancer are tremendous health problems with women, but heart disease is the number one killer, so, for that, we are asking that you put no less than \$10 million to help us in the continuation of trying to do research for the women.

I have come very conservatively with my numbers, and thank you for giving us the amount of money that has been put in for women's health initially. But these are some of the illnesses that plague women, and women are not still there yet in knowing that heart disease is the number one killer. So in spite of trying to do an outreach, it is critical that we continue to do research to provide the type of leadership for that.

The Minority Health Department of Public Health has said that the disparities in the health care delivery of racial and ethnic minorities are real and are associated with the worst outcomes. So in speaking back on the minority health that was

cut by the Administration by \$3 million, we are asking for the fiscal year 2002 funding level of \$50 million. That will be a 100 percent increase for that.

These are the critical areas: heart disease, HIV/AIDS, prenatal care. Through the type of minority programs with Centers for Disease Control as well as the NIH these are very critical components that we should recognize.

The HIV/AIDS mother-to-child transmission, we are asking for just \$5,000,000 for that.

So these are the areas that I, in being the co-chair with Judy, have come before you to ask that you really give this serious thought. Because not only are we 62 Members strong, but women are really the majority--are 52 percent heads of households, so we really must make the wellness of women real.

We thank you so much, and in the absence of the ranking member, we thank you both for your sensitivity to the Women's Caucus and the health issues that we have to fight for.

Mr. Regula. We pay attention to these things.

Ms. Millender-McDonald. I know that is right. Thank you.

[The prepared statement of Congresswoman Millender-McDonald follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Mrs. Thurman.

Mrs. Thurman. Mr. Chairman, thank you.

I probably am going to repeat some of the things that have already been said, but I first want to say to you that we do appreciate your time and your staff's time for allowing us to participate. I know these can be very long hours and days, but just the idea that you are trying to learn and understand and be concerned about all the issues facing Americans, we really do appreciate the time that you are spending on this. This is important.

I know just last week we had a young man by the name of Josh who was up here to talk to you about polycystic kidney disease. I just want to let you know that that is a disease that affects my family, my husband and my daughter. So I will just put in a little plug for the PKD, because it, too, is an issue that I am very concerned about.

I was going to start off by telling you a story about my mother, who died last year of cancer of the jaw. During that time, she lived with me. She had lived with me for about 10 years, and there is an issue in this country that I am not sure if you can do much about, but I certainly would appreciate any help that you can give us. That is certainly in the area of the national caregivers and support programs.

That is the \$3,000 that we are trying to work on, but also we are trying to also set up a way for independence from our children having to be responsible for having to take the bills when they are trying to raise their own children and helping them and encouraging them to buy long-term insurance, but that also gives a deduction.

I am trying to work on that in the Committee on Ways and Means, so you will know I am trying to do my part of it, but I want to bring it up.

Mr. Regula. We do fund caregivers programs to really help instruct people how to be good, efficient caregivers.

Mrs. Thurman. That is why I bring it up, because I want you to continue to do that. Because, as women, generally that responsibility lies on us to take care and be the caregivers, so it is--in fact, most women leave a job so they can stay home with somebody. So we appreciate your continued support in that area.

In another area, cervical cancer, just to give you some numbers, strikes about 12,800 number women every year. The effects, as you probably already know, can be devastating. If it is undetected, untreated, it does result in death. In 2000, there were 4,600 women that died due to the disease. Recently, evidence has shown that as much as one-fourth of all new cervical cancer cases occur in women over the age of 65, and 40 percent of deaths due to cervical cancer occur in women over the age of 65.

So one of the things that we have been working on also in the Committee on Ways and Means and through Medicare is to make sure that we allow for pap smears continuing. We would again just bring those numbers up to you.

Breast cancer is the most common form of cancer in women, and the second leading cause of cancer death to women. Seventy-seven percent of breast cancers and 84 percent of deaths occur in women over 50.

Mammograms, we know, are one of the effective ways of breast cancer detection. Recently, the National Cancer Institute and the American Cancer Society endorsed annual mammogram screening for women age 40 and over.

Another area is osteoporosis, a disease characterized by weak, brittle bones. It afflicts around 8 million older women, resulting in 1.5 million fractures annually. According to the National Osteoporosis Foundation, the direct medical cost resulting from osteoporosis totals \$14 billion per year. It takes up about 3 percent of our Medicare cost.

We would like to hope that we could get some bone mineral density testing and bone mass measurement, which are the only accurate ways to diagnose any and all of these that I have discussed.

Mrs. Thurman. In saying all of that, I would say, you know, one of the reasons we are here is to help and give you support. In your venture to try to get your committee and the Congress to understand how important the NIH funding is for this country and the----

Mr. Regula. Well, we are well aware of it, because of this committee and prior to my time when we continued to just double the budget. This will be the fifth year of doubling the NIH budget.

Mrs. Thurman. And I think it has been marvelous, and we certainly are seeing the effects of those monies being used.

The last thing that I would talk about just for one brief second is the shortage of nurses. I have to tell you every day you read in your newspapers in Florida, it is not just about what is happening today. It is what the future of nursing is going to look like as we go into the baby boomers, and I am very concerned. So I would hope that you would make available \$122 million for the Advanced Education Nursing Workforce

Diversity and the Basic Nursing Education and Practice Grant programs.

Mr. Regula. We are very aware of it. We had some interesting testimony maybe a month or so ago from--that stresses in the nursing professions is pushing a lot of people out. It is just so stressful that they don't stay, and I think it is going to be a critical problem, the whole shortage in the time ahead.

Mrs. Thurman. And I would say, too, Mr. Chairman, I think the other thing that happens is safety in that workforce and the safety issues. I mean, you know, accounts that we are finding with hepatitis C in professionals, and it is just--they have got families, and they can have--and have other areas where they can go to work and still use their profession, and very good areas. I mean, that is where we get our home nursing care from, but we have just--we need to look at the safety and we----

Mr. Regula. No question, it is a tough issue.

Mrs. Thurman. Thank you so much for letting us be here, and I am going to run off.

[The prepared statement of Congresswoman Thurman follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mrs. Wilson. Thank you, Mr. Chairman. I also appreciate your willingness to let us talk a little bit this morning and I would like to put my written statement in the record, with your consent.

Mr. Regula. Without objection.

Mrs. Wilson. There were two things that I wanted to highlight with respect to health care that I think deserve continued emphasis. One is cardiovascular disease, and my colleague spoke of it briefly. It is the No. 1 killer of women, and yet only 1 in 10 women think that--perceive heart disease as their greatest health threat.

Mr. Regula. Are you speaking in terms of heart or in the vascular system?

Mrs. Wilson. Heart and stroke. If you put the two together, I think 512,000 American women die each year from cardiovascular disease, either stroke or heart disease.

Mr. Regula. Is the incidence higher in women than in men?

Mrs. Wilson. It is interesting--it is interesting you ask that. I think it is more unknown and often undiagnosed in women, particularly--and this is--women will see the symptoms, or have symptoms of heart problems or initial heart attack symptoms, and they don't go in to get it treated or cared for because they think heart attack only happens to men, and so it is that awareness and prevention.

The CDC has started a program called Wise Woman, and it is for screening and evaluation, education about heart disease and heart care and its risk factors, and it is focused on low-income women and uninsured women. And it is working. I think it needs to be extended to more States, and the CDC has said with \$20 million they can expand that program to 20 new States, and I think it is something worth looking at.

The second area I did want to bring to your attention is

diabetes. Six percent of American adults have diabetes. Of Hispanic Americans, it is about 10 percent. Of Indian Americans, Native Americans, it is 23 percent. So 23 percent of adult American Indians have diabetes. One of the things that concerns me is the increase in type 2 diabetes and also the reducing age at which children are being diagnosed with type 2 diabetes, much of which has to do with nutrition and exercise, and can be prevented.

The cost to our health care system of diabetes is one of the most expensive diseases, lifelong, that we deal with, because of all of the complications that go along with being a diabetic, from blindness to amputation, to sores that don't heal, and it is a huge cost to our health care system and a place where prevention money, I think, can probably make a big difference with education and prevention.

Finally, I did want to mention in the area of education the support for the Math and Science Education Partnership Grants, which is one of the things that the Administration has put a lot of emphasis on and that I strongly support so we can get more math and science teachers trained and in the classroom, and Reading First and Early Reading First, both of which are initiatives authorized under the No Child Left Behind Act. If we can get a kid to--as you know, I used to be the Secretary for Child Welfare in New Mexico, and we would look at what are the real indicators that a kid is going to be in trouble with the law when they are a teenager, and there are all kinds of things, drug abuse, family problems, parents with drug or alcohol problems, parents who are imprisoned, all kinds of different social factors, and we would look at all of them. But the No. 1--the best indicator that a kid is going to be in trouble as a teenager and drop out of school is their third grade reading score. If we can get a kid reading, no matter what is going on in their life, they have got a ticket to a dream and a way out. That is why reading is so important.

Mr. Regula. I am with you on that.

Mrs. Wilson. And so I would ask for your support for those programs.

Mr. Regula. You know, we get pulled both ways on the math and science and reading, but to do math and science, you have got to be able to read, and that is an interesting observation you made on the third grade, that you can already identify the possibilities, and understandable. If you can't read, you look for other ways out, let us rob the 7-11 if I can't get a job because I can't read.

Mrs. Wilson. Well, and kids start to fall more and more--by the third grade you shift from learning to read to reading to learn, and kids start hiding it more and more, acting out, not showing up, attendance problems, leads to dropouts, and they have got too much time on their hands and they are into trouble. And I think with math and science education, it is important in secondary school but also in the primary grades. America does not do well compared to other countries on math and science education, and part of it is--you know, a lot of teachers become elementary teachers because they can't stand math and science, and we want to be able to get kids directly hands-on involved in mathematics and science and jazzed about it.

Mr. Regula. The Gates Foundation is committing millions of dollars to reduce the dropout rate in high school. I think I will pass along your comment to their Director, whom I happen to know, that maybe reduce the dropout rate in high school, you better start----

Mrs. Wilson. Making sure they learn to read. Absolutely.

Mr. Regula. That is an interesting observation.

Mrs. Wilson. My city of Albuquerque, which you have visited, we have more scientists and engineers per capita than any other city in the country, and yet a third of our kids don't graduate from high school.

Mr. Regula. That is----

Mrs. Wilson. And it is that dichotomy that we can't sustain that as a community. We can't survive.

Mr. Regula. I have been searching for ways to deal with the dropout rate. The big cities are about 50 percent, and that is a terrible waste of human capital, to say nothing--our attorney general in Ohio is beginning to identify the fact that the pattern of crime tracks right with the dropout rate, and you can understand that when you think about it.

Mrs. Wilson. Thank you, sir.

[The prepared statement of Congresswoman Wilson follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Mrs. Morella.

Mrs. Morella. Thank you, Mr. Chairman. I add my thanks to those of my colleagues for your patience, perseverance, and your commitment in listening to all of the needs that emanate from the funding decisions that you make in what I consider one of the most important subcommittees and parts of our budget.

I associate myself with the comments that have been made by my colleagues. Matter of fact, I served on the Glenn Commission that dealt with math and science teaching, and if you can get those teachers to energize these kids and to know that math and science can be fun, that is a great step forward.

I also have a daughter who is a nurse and a daughter-in-law who is a nurse. I know the critical situation. I also have osteoporosis, so I know the need for that. And, you know, as it goes on and on.

What I have done, sir, is I have given you a full testimony.

Mr. Regula. It will be in the record.

Mrs. Morella. Right. And I am going to just pull out some of the issues that my colleagues may not have spoken of. And one of them has to do with the growing group of people with HIV-AIDS are actually low-income women and women of color being hit hardest by this epidemic. It is the leading cause of death, AIDS is, among young African American women, and so I particularly urge your support for the development of a microbicide to prevent the transmission of HIV and sexually transmitted diseases at a level of no less than \$100 million. That really does work. It could actually revolutionize the world if we had a microbicide of that nature in line.

Federal funding is key. Currently less than 1 percent of the budget for HIV and AIDS-related research at NIH is being

spent on this microbicide research, and best estimates show that less than half this amount is dedicated directly to product development. So clearly this is not enough to keep pace with the growing STD and HIV epidemics.

I want to mention tuberculosis. Although it is not a widely known fact, TB is the biggest infectious killer of young women in the world. In fact, tuberculosis kills more women worldwide than any other cause of maternal mortality combined. Currently an estimated one-third of the world's population, including 15 million people in the United States, are infected with the TB bacteria. And due to its infectious nature, TB can't be stopped at national borders. It is impossible to control TB in the United States until we control it worldwide. So, Mr. Chairman, I urge support for an annual investment of at least \$528 million for the fiscal year 2003 for the Centers for Disease Control efforts to eliminate TB.

I want to point out the Violence Against Women Act which we reauthorized in the last Congress. Included in the bill were funding levels necessary to meet the basic needs of domestic violence programs around the country. It passed the House with 371 votes in favor, and yet in fiscal year 2001, none of the authorized amounts were met, and new programs were not funded. So I am respectfully requesting that the funding become a priority for the Subcommittee.

Under the Family Violence Prevention Act, domestic violence shelters provide essential services to women, and I am requesting that the shelters under Family Violence Prevention Act are funded at their authorized level of \$202 million for fiscal year 2003.

Rape prevention and education, I think that program should be funded its full authorization level of \$80 million for fiscal year 2003.

Also I ask you a very small amount, \$1 million, just to continue to provide for that Women in Apprenticeships in Nontraditional Employment Act. Since that measure was signed into law in 1992--in fact, it was my bill--it has provided \$1 million each year to help women access high wage, high demand jobs in fields that have continued to be traditionally male-dominated, such as information technology and construction. It is critical that we continue to support such a program that benefits not only women but families and the economy.

I mentioned child care programs, and certainly the Child Care Development Block Grant in my submitted testimony.

I do also have--finally, Mr. Chairman, I have a few local issues, and one has to do with the bill including \$1.25 million to commence and implement an Older Americans Act titled for Demonstration Project to Further Develop Innovative Models for the Provision of Supportive Services to Seniors in the State of Maryland as an example, and also a Public Health Syndromic Surveillance System asking for \$507,000. It is a major priority in our area and would certainly help with detecting in a timely manner unusual health occurrences indicative of possible chemical or biological terrorism.

There are plenty more issues, and I know that you know them, and again I reiterate my confidence in your decision-making and my great admiration for you in sitting through all of these hearings and digesting and cogitating and then trying

to come to some decisions that help our country.

[The prepared statement of Congresswoman Morella follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Well, it is very interesting. I would say we have a great staff on this subcommittee, and that is the key to----

Mrs. Morella. It is.

Mr. Regula [continuing]. Dealing with this. Our budget is \$130 billion, and that is a lot of money to hand out and do it wisely, and that is why I question does the program work. And unfortunately, there are so many programs that we fund that we just don't have time to pursue and see if they are getting the taxpayers' monies worth and if they are really getting results. And all of you are important in bringing that to our attention.

Mr. Regula. Okay. My colleague from Ohio, Ms. Kaptur.

Ms. Kaptur. Thank you very much, Mr. Chairman, and I wanted to associate myself with the remarks of all of my colleagues from the Women's Caucus in complimenting you. I would have to say as an appropriator myself, this is a very unusual hearing, and it is a real testament to you and to your vision of what it is to be a public servant, and to give even Members of Congress an opportunity to testify in this type of setting. I am going to take that back to the Buckeyes that I represent. I am very proud of you.

Mr. Regula. Thank you.

Ms. Kaptur. And I am glad you are from northern Ohio. You fit the image of what we are. And what we should be.

And I will be very brief. I will submit my remarks for the record.

Mr. Regula. Without objection.

Ms. Kaptur. But in joining my colleagues, I want to just highlight, if I could, 3 programs vital to women and children in this country and ask your particular attention to these, and then I wanted to make a comment on nursing and also on education, if I might.

First of all, specifically I come here today on behalf of the Women's Caucus to seek special attention to the National Institutes of Mental Health, NIMH, and additional assistance we would seek for them to understand the many gender-related variables in mental disorders and to translate research findings into diagnosis, treatment, prevention and public health. Specifically, we strongly urge you to fund the NIMH at the level of \$1.454 billion, to fund critical research to clarify the risk and protective factors for mental disorders in women and to improve women's mental health treatment outcomes.

There are gender-related differences, for example, in the presentation of depression, of bipolar, or schizophrenia, of anxiety-related disorders, and we are learning more about this now. It has all to do with the chemistry in the end, we know, and we need to get NIMH even more focused on this.

Mr. Regula. I think the authorizing committee is going to take up the mental health issue this year, the parity question, and Mr. Boehner indicated to me that they would be holding some hearings because it is a growing issue.

Ms. Kaptur. That is very important in the research, in the different regimens that are necessary to find markers in women versus men in these important and life-crippling illnesses. So that is one area that I would particularly commit to your attention.

Secondly, in the area of child care, we strongly urge you to reaffirm your commitment to children by appropriating an additional \$11.025 billion in discretionary funds over the next 5 years for the Child Care Development Block Grant program. We know that full day care for children averages \$4,000 to \$10,000 dollars a year, and we are only serving 1 out of 10 in the country. And so this is just a huge need. With your leadership, we have made a difference. We are making a difference. We know we have to involve the States in many of our not-for-profit groups and for-profit groups in dealing with the family structure of today. But any attention there would be greatly appreciated.

And, finally, in the area of funding in the Pell Grant program which you know so well, we know last year the number of Pell Grant applicants grew by about 8.3 percent, and compared to a 2.5 percent increase that was projected. And we are asking for an additional \$500 per grant. We know that they serve the neediest, more than 4 million students across this country with an average family income of \$14,500 or less. And so additional support to that program is probably the best investment we can make in the leaders that will serve our society in this millennium.

And I just wanted to make a couple of comments on education and on nursing, if I might. On the education front, because of the vast reach you have with these different departments and agencies that fall under the jurisdiction of this subcommittee, one of the thoughts I have had in looking at the student debt that is owed, if there would be a way to connect programs where we need workers, for example, our nursing programs, and our advanced nursing practitioner program, and allow people who have debt to work off, to link it to service in those fields.

Mr. Regula. There are some--yes. A nursing loan repayment plan now which is, I think, along the lines of what you are talking about.

Ms. Kaptur. I just think we need to take a look--if you figure the average student owes \$17,000 now when they graduate from college and many of them don't necessarily go into the programs that they majored in, but we need a lot of attention in this nursing area. I agree with all of my colleagues on that. And I also look at the debt loads that young people are coming out of college with, and some of them might go into that field. I don't think the linkage there is that clear. The other area is--and I would just urge you perhaps to meet with Secretary Principi over at the Department of Veterans Affairs. We know half the physicians of this country--and I am on the VA Subcommittee--have come through the veteran system as residents, but we don't have the same averages with nurses. We do have training there, but it seems to me that we could do a whole lot more to educate nurses, through a combined program. Let us say at a veterans' clinic in Canton or Toledo. You have got a medical college that sits next door, where you could have nursing education tied to service in the veteran system, but also to those Community Health Centers that Congresswoman

Millender-McDonald and you discussed. I think there is a real role to play here in the connection between those programs. Perhaps through your committee you could experiment. You could try a couple of these pilots around the country, but I really think there is an opportunity here that we are not--the other thing that has amazed me, we have a MASH unit, medical army surgical unit. The Guard comes every week into our medical college facility, and you have all of these people out there in the Guard and Reserve who need emergency training. We don't necessarily connect the nursing programs that are being promoted through DOD, and what is happening in our local communities at our community health clinics and so forth. So the synergy isn't happening at the Federal level. I just wanted to point that out to you. It is something I am very, very interested in and I have looked at it a lot over the years, and I think the nursing in particular, if we just thought about connectivity, we could do a whole lot to increase those numbers. That is one area I wanted to mention.

The other one I wanted to talk about just for a second in closing is our--the education issue, which Congresswoman Heather Wilson talked a lot about here today. I agree with her totally on the third grade. We are losing kids all over the country. I am being approached by my educators and have for years tried to bring in money for summer reading programs. I could tell you I could bring bucketloads of money. It doesn't make a darn bit of difference, because the kids continue to falter for the following reason. We did a GAO study that showed that in certain families there is tremendous mobility. You can identify the schools. In Toledo there are 7. We can pick them out. These children, because their parents cannot afford housing, keep moving, and the more they move, the lower their reading scores are, and by the third grade we have lost them permanently. I don't care how many reading programs.

I have talked to Secretary Martinez about this. I said, Mr. Secretary, we need a program where we link our section H certificates, which our community is giving back to the Federal Government. I said if you just took the ones we gave back every year and you signed contracts with a couple local schools just on an experimental basis and you linked the section H certificate, have the family sign a contract with the school that they will keep their child through the school in the third grade and they will get the certificate for that and they will get other complimentary programs that we could put in our school through our family self-sufficiency programs that we are operating locally, we can keep that population stable. But we cannot teach when they are being uprooted.

We have a GAO study that proves what is happening. It is every city in this country, but to try to get HUD and HHS to work together with the Department of Education, it is almost an impossibility.

Mr. Regula. Well, you put your finger on a tough problem in government, and that is there is too much turf and not enough cross-pollination.

Ms. Kaptur. Right. And I think through your committee, Mr. Chairman, you can really--if you could start a couple demonstrations, and just a couple, and show that this works, we could make such a difference.

And the migrant workers, they have the worst, obviously, situation, because they are just being uprooted everywhere and we can't catch them. But this instance--and there has been an article written, Cleveland Crisis magazine, about Cleveland, Ohio. And they know the schools. They know the situation. We can't connect the programs. But I would be willing to say, this member from Ohio would be more than willing to extend a hand and say I will work with you on this problem anywhere in the country you want to work.

I spent a lot of time in the schools in our community really seeing what is going on there and why these children aren't learning. So thank you very much for the opportunity to testify.

Mr. Regula. Thank you all for coming.

[The prepared statement of Congresswomen Kaptur follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Thursday, May 16, 2002.

PROJECTS

WITNESS

HON. GREGORY W. MEEKS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Regula. All right. Mr. Meeks. You have been patient. And we have Mr. Schiff for the windup here. So, Mr. Meeks, I think you were here first.

Mr. Meeks. Thank you, Mr. Chairman. I am pleased to come today to testify before you and thank you for your patience, as indicated by all of those that testified before, for your allowing Members to participate in this process. It is truly an honor, and we thank you for it.

I will make my oral statement brief, but I ask that my full written testimony will be----

Mr. Regula. It will be in the record.

Mr. Meeks. And I realize it is also difficult for the Subcommittee and the Nation as we continue to recover from September 11th to fund the critical programs. So I am going to try to talk about just a few that are very important to me, and I guess coming on the--but coming on the heels of the Women's Caucus, I will just start with this one first, and maybe I should have also talked to them and had them--there is a project which I am requesting funding for which is called Dress for Success Professional Women's Group, and I am requesting \$1.5 million for fiscal year 2003. Now Dress for Success, though it is based in New York and is a nonprofit organization, it has chapters throughout the country; in fact, 41. And they are looking to expand into various other areas. And what they do, they provide interview suits, career development assistance and confidence boosts to low-income women entering the workforce. Women are referred to Dress for Success by an array of not-for-profit and government agencies, including homeless and domestic violence shelters, immigration and job training

programs. Now, it was developed in New York, and it also promotes job retention and career advancement by providing information to help women unfamiliar with the workplace continue to develop their skills and advance in their jobs.

Mr. Chairman, they have never received any Federal funds in this project, and since its inception in 1996, Dress for Success, as I said, has never received any money. The project is the first and only job retention model that moves low-income women towards self-sufficiency by addressing their social and economic needs in relation to work, home and community.

From a legislative perspective, the detention of employment equals a stimulus attack on all aspects of life's problems, including poverty, health, housing and education. And, coincidentally, as we are debating now on the floor the Welfare Reform bill, this is the perfect remedy to welfare reform. When people--once you get them off of welfare, where do they go? I think that the group that is most affected by this is single mothers and this program is directed toward curing that need.

And so, again, on that project, they have never received any Federal money. It is worthwhile, given what we are debating today and how we are going to move in the direction putting women to work. It helps children, and I would most humbly request that you consider the \$1.5 million appropriation.

The second project that I would like to talk about before the Subcommittee is the Joseph Peer Dauber Family Health Care Center. I am requesting \$2 million for Joseph P. Dauber Family Health Care Center which is located at 6200 Beach Channel Drive----

Mr. Regula. Are they getting Federal money now?

Mr. Meeks. Last year this committee was fortunate enough--they are getting some Federal money, and last year this subcommittee authorized \$440,000 for them in beginning this construction project.

Mr. Regula. This is one of your projects?

Mr. Meeks. That is correct. And this is a project which is building a health center and an educational center, which are combined with York College and the College of Aeronautics. In the district they all will be sharing--this is part of the construction and----

Mr. Regula. Let me say on the projects, you should submit these to Mr. Obey, because he makes the determination on projects, earmarks for the minority side, and I see you got the \$440,000 last year and that would have been on the recommendation of Mr. Obey.

You just had one last year.

Mr. Meeks. Yes.

Mr. Regula. Must have been a freshman.

Mr. Meeks. Well, I hope that there are some increments as you go along.

Mr. Regula. Well, that is kind of the way it works, but you should talk to Mr. Obey about your projects.

Mr. Meeks. I will. And since you know--and you know Mr. Dauber was a former colleague and I----

Mr. Regula. Yes, I knew him. He was one of my colleagues.

Mr. Meeks. Great man, and they are doing just a service and the opportunity to----

Mr. Regula. Well, I like those. I think they take care--

they help the emergency rooms by relieving them. It helps a lot of people who are afraid to--or don't know where to go for medical services and we are going to--through HRSA we are going to fund those as much as we can. But, in turn, the clinics have to apply for the funding, and I assume the city, they put in some money, too.

Mr. Meeks. Absolutely, the city and the State. There is a whole combined effort. My colleague and State and city government are also working. I am just trying to bring my--I think the total project is closer to \$5 million. I am just trying to bring my share in from the Federal Government.

Mr. Regula. I understand.

Mr. Meeks. Last year I know that--there are others waiting. Let me just mention one other project I am requesting, \$500,000 for the construction of a lead-lined brachytherapy room to be used in the outpatient setting. Again, this is the Queens Hospital Center and part of the Queens Health Network which serves the population of nearly 1 million people from southeastern Queens, and one of the primary focuses of the Queens Hospital is development of a Cancer Center of Excellence. This Center is scheduled to be the leader of this important clinical specialty in the Borough of Queens. This project is a part of the New York City Health and Hospitals Corporation, created in 1970 to provide quality care to all, regardless of their ability to pay, and Queens Hospital Center is a branch of the Queens Health Network. So it is a needed facility and a therapy room that is needed, particularly to those that----

Mr. Regula. Again, I would suggest that you get that to Mr. Obey.

Mr. Meeks. I will talk to him.

Mr. Regula. Okay.

Mr. Meeks. Lastly, let me add something in closing. I want to support the DHHS AIDS prevention, as well as the treatment program as well, and the school construction programs. I mean, we need school construction throughout this country but particularly in New York. School construction and school retention is absolutely necessary. So I want to just throw my support behind those.

Mr. Regula. Okay. Well, thank you for coming.

Mr. Meeks. Thank you.

[The prepared statement of Congressman Meeks follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Thursday, May 16, 2002.

HEAD START; LABORATORY SECURITY; PELL GRANTS; AFTER-SCHOOL PROGRAMS

WITNESS

HON. ADAM B. SCHIFF, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. Regula. Mr. Schiff, you have been patient.

Mr. Schiff. Mr. Chairman, how are you? I strategically

chose the last lot of the day in the hopes that you would be sufficiently worn down and ready for lunch, that you would just say just give him what he wants and let us be done with it.

Mr. Regula. Well, it is not that easy and I am not quite that worn down, either.

Mr. Schiff. Okay. I will have to come back later, then.

I appreciate you taking the time to hear from all of us today, and I know you have got some challenges ahead of you with the budget being what it is. I wanted to emphasize really just three areas today: Head Start; the need to deal with some of our lab security problems that were demonstrated in the wake of the anthrax attacks; and also touch on education.

With respect to Head Start, as you know, since 1965 Head Start has benefited over 18 million----

Mr. Regula. I am very aware of the program.

Mr. Schiff. We have been spearheading an effort to try to increase the funding for the program. As you know, there are a lot of kids on the waiting list that would love to be involved. We join with 120 of our colleagues, and I will provide your committee with a letter that 120 members have signed to urge a billion dollar increase above the administration request.

Mr. Regula. Yes. I think they are a hundred million up, but there are still a lot of unserved young people. That is the problem.

Mr. Schiff. There are, and with inflation, I think the level is either flat or----

Mr. Regula. Well, we are expanding Head Start. It started out as a custodial program through the welfare HHS, and now realization that early childhood is a very important element in educating, and so you need better trained people, and you need to expand the program. And that all spells money.

Mr. Schiff. It does, and I have always had an interest in this area, but now that I am the father of a 3-year-old and I have got a second child on the way, it has become very personal, as I am sure you could appreciate. So I know you will do everything you can, and we need to strengthen the reading readiness component----

Mr. Regula. You are the most important Head Start for your child.

Mr. Schiff. Oh, yes, absolutely. Absolutely. And we believe you can't start too early. We started reading to our daughter when she was still in the womb.

Mr. Regula. And that is not a bad idea.

Mr. Schiff. And she didn't complain too much at that point.

Let me move on to lab security, if I could. As we found throughout the anthrax investigation and are continuing to find, we have very lax lab security, and I have introduced legislation on the House side, Senator Feinstein on the Senate side. It is in conference. And what it will require is the certification of some of the labs, greater inspection of the labs, and I would just----

Mr. Regula. Are you talking about public or private laboratories or military?

Mr. Schiff. Both public and private, those that are dealing with deadly biological agents, viruses and bacteria. The legislation would prohibit the possession of these agents other than in government-certified labs. It increases lab security,

requires background checks for those that are working with the agents, and I think some form of these improved safeguards is going to emerge from the Conference Committee.

Mr. Regula. He advised me CDC will be a key player in this program.

Mr. Schiff. Absolutely.

Mr. Regula. Now, what is the status of your bill?

Mr. Schiff. Our bill has been introduced in the House. The Senate bill has made it all the way to conference. And our understanding at the staff level is that it is likely to emerge from conference----

Mr. Regula. So it has passed the House and passed the Senate?

Mr. Schiff. Our version has not passed the House. Has there been a--a different version that had--it did pass the House, yes. We introduced a bill--there is a House vehicle--I think it was a Tauzin bill.

Mr. Regula. Yes, the Tauzin bill has this element in it.

Mr. Schiff. Chairman Tauzin introduced it. So we would ask that in light of that, that there be some budgetary----

Mr. Regula. Well, we would have to give CDC funding, because they would be the licensing agency.

Mr. Schiff. Right.

Mr. Regula. And so that would fit with what your concerns are.

Mr. Schiff. Terrific.

And, finally, Mr. Chairman, I want to urge your support for a greater appropriation for the Pell Grant program. The CBO estimates that there will be more eligible students expected to apply, and that might mean that the average amount of the Pell Grant would decrease rather than increase.

Mr. Regula. Well, as you probably know, we beefed it up quite a bit last year. It went to \$4,000 max, and I think we will be hard-pressed to--and we will hold to that number, but what drives it is the so many more requests and so the total goes up, but if you look in the supplemental, which will be on the floor next week, there is a billion--I think it is a billion dollars of--is it emergency? No, not emergency. Well, it has been offset. Right? A billion dollars in the supplemental for Pell to help fund these programs. So I am pleased to hear you give your support to this program.

Mr. Schiff. One other thing I will just flag in my concluding few seconds here, we are also working on a problem that States like California are somewhat penalized in the Pell Grant process. California heavily subsidizes at the State level its higher education. The community colleges fees are kept very low, and as a result, California right now is one of the only States, but others will join that category, where the students don't qualify for the full amount of the Pell Grant, since it is tuition only. And we have worked on some legislation, and we would love to work with you and your staff to try to allow other costs to be defrayed using Pell Grant funds as well that are very higher education-oriented costs. The books, for example--because in California in the community colleges, for example, the cost of books often exceeds the cost of the fees, because the fees have been kept so low. And we don't want to disincentivize the States from subsidizing it themselves. But

when I was in the California Senate, I was on the Budget Subcommittee on Education, and we felt we were basically sending State dollars to Washington every time we cut tuition in the community colleges, and we want to encourage that kind of behavior.

So I would just flag that issue for you and look forward to working with you and your staff on it.

Mr. Regula. That is an interesting point, because Pell is restricted to tuition, so that the lower you made the tuition, the less demand on Pell Grants, and you are suggesting they should be expanded as to what they could be used for.

Mr. Schiff. Yes. Two very narrowly defined higher expenses, things like books, for example, because in California at the community college level, students on average pay more for their books than they do in their fees, and so if the Pell could be applied for books, it would be a great help to them.

Mr. Regula. Okay. Well, thank you.

Mr. Schiff. Thank you very much.

[The prepared statement of Congressman Schiff follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. I appreciate your comments and your insights. A lot of challenges.

Mr. Schiff. Very true. I both do and don't envy your responsibility.

Mr. Regula. Well, I understand that. This concludes our scheduled hearings this year. The Committee is adjourned.

Wednesday, May 15, 2002.

EDUCATION AND WORKFORCE ISSUES; MENTAL HEALTH PARITY

WITNESS

HON. JOHN A. BOEHNER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Regula. Well, we are going to get started. I have a long list of Members here, 19 to be exact; and so we will appreciate it if you can be as brief as possible. And your testimony is obviously sensitive to Members' concerns, but it is just a time problem for us to get it all in. You will have submitted statements, and we will be very sensitive to that.

We don't know yet what our allocation is, so I don't know what kind of dollars we are going to be working with. Our first witness is John Boehner--oh, here he comes.

You just barely made it. We start on time. You have got 30 seconds here.

Mr. Boehner. Mr. Chairman, thank you. I knew I was right on schedule.

Let me just say I want to thank you for the opportunity to testify today before your Subcommittee, and I don't envy the tough decisions that you all have to make in the shadow of the terrorist attacks last year, the need for additional funds for homeland defense and all of the other issues that you have before you.

But I want to thank you and your entire Subcommittee and

your staff for working so closely with us during the reauthorization process of the Elementary and Secondary Education Act and the Labor-HHS-Education appropriations process last year. I think it was a great partnership and a great example of how the authorizing and appropriating committees can work together towards a common goal; and I have confidence that will continue again this year.

As you know, many of the new resources in the President's budget are committed to defense and homeland security. However, despite the twin challenges of war and economic recovery, I think President Bush has kept his commitment to improving our Nation's public schools in closing the achievement gap. I know parents, teachers and principals across the Nation are grateful to the President for his actions.

And despite the war and the recovery, the President was still able to maintain his historic commitment to ensuring that ``no child is left behind'' by requesting a \$1 billion increase in Title I and a \$1 billion increase for IDEA, maintaining this historic level of funding for teaching quality and aid to States and school districts. We are asking a lot from our teachers, and they deserve our full support.

Further, President Bush has proposed increasing Federal reading programs by an additional \$100 million for a total of \$1.75 billion. He has also proposed increasing the Pell Grant program by \$549 million to provide an additional 55,000 students with Pell Grants and to maintain the maximum Pell Grant award level of \$4,000, all of which I support. In addition to these priorities, I urge you to keep math and science programs at the top of your funding priority list.

I also believe it is important for both Republicans and Democrats to keep some perspective about all of this. The Federal funding for education programs has more than doubled over the last 6 years. And with support of Members on both sides of the aisle and, later, a Republican President who insisted on greater accountability for results, discretionary appropriations for the U.S. Department of Education have climbed from \$23 billion in fiscal 1996 to \$48.9 billion in fiscal year 2002, an increase of 113 percent.

During the reauthorization process of ESEA, we placed a great deal of emphasis on consolidating numerous smaller programs into a larger, more efficient State formula grant programs. Therefore, I hope you will continue to use the No Child Left Behind Act as a guide to determine which programs should be funded in this year's Labor-HHS appropriations bill.

On the workforce side of the Committee, I urge you to accommodate the President's request of a \$3.4 million increase for the Office of Labor-Management Standards and a \$5.3 million increase for the Office of Inspector General. As you know, the Office of Labor-Management Standards administers the Labor-Management Reporting and Disclosure Act of 1959, which enforces the rights guaranteed to rank-and-file workers to foster and maintain union democracy. The Office of Labor Racketeering and Fraud Investigations in the Office of Inspector General is responsible for keeping in check the growth of labor racketeering and organized crimes involvement in labor-related activities, particularly in relation to employee benefit plans. The proposed increases will help both offices better safeguard these important worker protections.

With regards to the Office of Federal Contract Compliance Programs, I would like to briefly note that the fiscal year 2003 budget request will enable the Agency to more efficiently focus its resources on areas where preliminary information suggests that discrimination problems may exist through the expanded use of technology, wider use of a tiered review process, and other management improvements. To the extent that the authorized full-time positions are, in fact, declining--just 18 less than in fiscal year 2002--those reductions will not affect the number of compliance officers nor diminish the agency's ability to fulfill its responsibilities.

In addition to these appropriations matters, I would like to say a few words about the 1-year reauthorization in last year's Mental Health Parity Act. As you know, it was included in your bill at the end. And as Chairman of the Education and Workforce Committee, I strongly believe that members of my committee should be afforded the opportunity to consider any authorizing language that falls within our jurisdiction in the context of the traditional committee process. Because of this, when the Labor-HHS bill came up last year, I committed to work with you and advocates to bring greater mental health parity by giving this issue substantive consideration in our committee.

Now, I am pleased to report that just last week, or back in March, we did, in fact, have a hearing. We have worked with a number of folks from--in our conference and from the other body and the Administration, trying to come to some agreement. As you are also aware, the President had signaled his support for enhanced mental health parity; and I expect that we will, in fact, suspend any further hearings as these conversations go on between various committees here in the House, our colleagues in the Senate and the White House. And hopefully before we get into the summer, we will have some agreement on how to proceed on this vitally important issue.

And with that, Mr. Chairman, I want to thank you for the opportunity to be here. And I thank you for our great working relationship and look forward to a good year this year.

[The prepared statement of Congressman Boehner follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Thank you. And I know our staff from the authorizing committee, your committee and mine have worked very closely on these matters.

And you have a challenge, you have IDEA, I believe, that needs to be reauthorized and also this issue of parity and mental health. So, in your opinion, in H.R. 1, how much of that is discretionary? It is about \$50 billion essentially, if we would maybe move money a little more into, say, teacher enhancement versus Title I, any problems?

Mr. Boehner. We have had significant increases in our teacher quality program, and I think that we have got to be very careful there. We have had tremendous increases in Title I, but I think, given the commitment of the President and others to further targeting Title I resources to more needy schools, it is very important; and I will tell you why.

Later on this year and probably in September, students that

are already in identified failing schools are going to have the option of taking a portion of their Title I funds to get supplemental services, after-school programs, tutor programs; and as a result, these schools are going to be looking for additional funds. And I just think that as we go through this process, the commitment that we continue to make to Title I is important.

And I do think that the money that has been allocated for teacher quality is well spent. But I would have serious doubts about taking money out of Title I and moving it to Title II.

Mr. Regula. Well, that is something that will confront us. I feel it is very important to give teacher quality as much support as we can, because I think the classroom teacher makes a world of difference.

Mr. Boehner. They do make a world of difference. And I think as we get into the reauthorization next year of the Higher Education Act, there is going to be an increased focus on teacher preparation and what is happening at the university level because, as we all know, there appears to be some serious deficiencies.

Mr. Regula. Well, thank you. And we could discuss this at great length, but I have to move on. But our staffs will be in close contact.

Mr. Boehner. Does the gentleman----

Mr. Regula. I am sorry.

Mr. Boehner. I don't know if the gentleman from Pennsylvania--I know he would like to take a few shots at me.

Mr. Regula. He is a 20-year school board member.

Mr. Sherwood. I talk to the Congressman often about the real world, and we sometimes have interesting views on that.

Mr. Boehner. Boooooooooo.

Mr. Sherwood. But I just came here to hear what the great one had to say.

Mr. Regula. He will leave a copy of his statement for you.

Mr. Sherwood. And I will read it with interest.

Mr. Boehner. Thank you, Mr. Chairman.

Thank you, Mr. Sherwood.

Wednesday, May 15, 2002.

HEAD START; MINORITY AIDS INITIATIVE; PROJECTS

WITNESS

HON. MAXINE WATERS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Ms. Waters. Mr. Chairman and Mr. Sherwood, thank you for the opportunity to come before you this morning to discuss some of the programs that I am very much concerned about and would like to seek your support for.

First, let me speak about Head Start. I am very passionate about Head Start. I worked in Head Start for--well, when OEO first instituted Head Start, I was in that first round of employees that helped to develop the Head Start programs. I was there when we tried out several models, everything from Montessori to other kinds of models, and we finally settled on the kind of program that could, indeed, build self-esteem to

help prepare young children for learning; would involve parents so that they could indeed understand that they could be in charge of their children's destinies.

And I think the Head Start program has proven itself. It is a successful program that helps to give poor families an opportunity to connect their children with the kind of experiences that could make them successful in school; and I think it has done that.

I think we should have, by this time, funded Head Start fully; however, that has not happened. It is a lot of money, I understand that. And each year, we have to talk about how we expand Head Start programs so that more children can take advantage of it. But today I am here to talk about the proposed testing requirements.

I don't know who thought this up. I am sure that perhaps somebody who has been involved in traditional education thought, well, perhaps, if we test those Head Start children, we can do what----

Mr. Regula. You are just addressing Head Start in terms of testing, not the----

Ms. Waters. Yes. That's right. I would like to see it fully funded, and always say it every year. Let the record reflect that.

However, I do want to talk about opposing the testing requirements. I don't know who thought it up. And again, as I started to say, I suppose someone who has been in traditional education all of their lives would think that perhaps you can test the children and decide something about whether or not they should go to kindergarten or whether or not they should go to a different kind of education setting. I don't know.

But I do know that if you understand that Head Start is about building self-esteem, if you understand that it is an introduction to learning, that it is placing children in an environment where they appreciate books, that they appreciate getting along with their classmates, if you understand it is about putting parents in the kind of environment where they begin to understand how they can help their children--I was a supervisor, at one point, of parent involvement and education for parents. And helping to get those parents into the school, helping them to be able to observe their children and know how to provide a supportive home environment for their children, all of that is very important, and I don't know if you can test that.

And I don't want to see Head Start penalized in any way. And I would hope that we would not impose upon Head Start some kind of testing requirements that are not proven to do much of anything. The best thing we could do for Head Start is to try and expand it so that more children could take advantage of it.

The other issue that I would like to speak about this morning is the Minority AIDS Initiative. Mr. Chairman, when I was Chairman of the Congressional Black Caucus, we discovered that many communities, minority communities, were not involved in providing any kind of services on this issue. What we discovered was that systems have developed at the city and county level, very sophisticated systems, where you have task forces and you have committees that are devised by the counties and the State to help direct where the funds go and help to

decide what the RFP is going to look like; and many of these communities have not gotten into those sophisticated systems.

Some of those people who were involved early on in dealing with AIDS became very expert at how to manage and manipulate those systems. And a lot of the minority communities, where we were seeing an increase in HIV/AIDS were not in the ball game, and they were not getting funded.

And we set out to build capacity. We set out to place some opportunities in those places where we saw an increase in HIV/AIDS, but no programs were operating.

We have come a long way. We started out with \$156 million back in 1998, in a line item I believe, for the Minority AIDS Initiative, and we have increased that to \$381 million. But now our request is \$540 million because, again, if we are to catch up and if we are to reduce the incidence of HIV/AIDS, we have got to provide more opportunities for outreach and education in these minority communities. So I would just beg of you to see this as a high priority and to respond to the full request for \$540 million, rather than the \$381 million that is in the President's budget.

Now, having said all of that, let me just speak to you about some requests that I have. If you take a look at the requests that I have for my district, you will see that it is focused on education and economic development.

Mr. Regula. Let me suggest, are you talking about the earmarks?

Ms. Waters. Yes.

Mr. Regula. If you would, take those up with Mr. Obey because, generally speaking, I have dealt with them on the majority side and he has dealt with them on the minority on earmarks, and we don't know as yet how much money we are going to have to distribute.

Obviously, there will be money for earmarks, but we don't have an allocation. But in any event, he would address the requests from the minority.

Ms. Waters. Well, thank you very much. Well, let me just conclude by saying the two programs that I have talked about I consider extremely important.

[The prepared statement of Congresswoman Waters follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Let me comment first on the AIDS issue.

You are at the right place. We have hard carried the money, the Senate has not, for Minority AIDS, and we are very sensitive to this problem. We have put a lot of money in, and I don't know that we can meet what you have requested, but we will do what we can.

My second question is on Head Start. Do you think Head Start should be in Education instead of in Welfare or HHS? Because I think you are talking about--it started out with a welfare component; that is why Head Start ended up in HHS. But more and more people are saying, we need to start early education as part of Head Start which means changing the type of teachers or people. How would you feel about it?

Ms. Waters. No. Let me say that when Head Start was

initiated under OEO, it was about poverty. It was about poor communities and families who did not have an opportunity to give their children an early childhood education experience; and it was believed at that time that to the degree that families had exposure to these kind of programs, they could indeed prepare the children to be more suited for education.

Now, I don't think that we need to take the emphasis off of that. As long as you have poverty, as long as you have ghettos, as long as you have communities where you have crime and violence and all of those things, you have got to take these children and give them the kind of experience that is going to give them an opportunity to get into education, and that takes a lot. It is not like taking a child and saying, okay, we are going to teach you the ABCs.

Mr. Regula. There is a social component?

Ms. Waters. Very much so. You have children who come into the program who have never been 15, 20 miles out of their communities, who are confined to public housing in many cases.

Mr. Regula. What you are saying is, retain the social components and add an education component?

Ms. Waters. I think it already does have an education component.

Mr. Regula. But we are growing that. We are saying you have to have some people who have some skills in communicating ABCs, if you will.

Ms. Waters. But I think they do.

One of the things you have to understand about Head Start is they were early on in recognizing the importance of reducing the classroom size and having a better teacher-to-child ratio. They started out with three in the classroom. That was an aide, an assistant teacher and a head teacher.

The head teacher always had to have a degree; they had to have experience in early childhood education. The assistant teacher was normally one who was enrolled in some kind of preschool education program, trying to get their degree. And the aide came from the community.

That is an important combination. With that combination, you have community interpreters. You have people who understand how Head Start can influence people in the community to be supportive of the children in the way that Head Start is trying to get them to do.

Mr. Regula. You are really saying we need both components?

Ms. Waters. We really need all of that. Don't ever get rid of that model in Head Start with the aide, assistant teacher and head teacher. Always require that the head teacher have a degree and that they have the background in early childhood education, but keep the other components focused on getting this child comfortable with oneself and building self-esteem and getting them prepared for learning.

And as the child gets out of Head Start, if that child is ready for kindergarten and if that child can sit in the classroom and take instructions and can avail oneself of those materials, then you have done the job that Head Start needs to do.

Mr. Regula. Well, thank you very much. I understand your passion on the subject and, as well, should be.

Wednesday, May 15, 2002.

MATH AND SCIENCE EDUCATION

WITNESS

HON. VERNON J. EHLERS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. Regula. Mr. Ehlers?

Mr. Ehlers. Thank you, Mr. Chairman, and I wish I could speak with such passion. I certainly feel passion for what I am going to talk about.

Mr. Regula. I know you feel it.

Mr. Ehlers. As a stalwart Dutchman, I probably don't express it that well.

Mr. Chairman, I am in the unique position here, because I am not going to ask you for more money out of your allocation. I am going to ask you to allocate your money in a certain way. Furthermore, I am going to try to save you and the country some money in the long term.

Up there you have the seals of three major departments. In fact, I believe you have the largest budget outside of Defense in your control. And what I am proposing is an action in the Department of Education which will save substantial money for both Labor and Health and Human Services in the future. And the reason is because what I am proposing will help train kids for jobs of the future so they will be much more likely to have a well-paying job and not require the services of either Labor or HHS.

Mr. Regula. It is consistent with welfare reform that we will be voting on shortly.

Mr. Ehlers. That's right. And let me give you a little background, which I am sure you are familiar with, but I want to get it on the record. Incidentally, you asked me to be brief, so I am not going to read my statement.

But as you know, last year when we passed H.R. 1, when it passed the House, we included math-science education in the overall picture; and they were going to get 15 to 20 percent of the total, which would have been over \$500 million a year. The Senate, in its wisdom, set up a separate program for math and science and authorized that \$450 million. However, as you know, they didn't fund it last year; and that is the problem I wish to address.

I respectfully request that you and the Committee fund this Math and Science Partnerships category, which the Senate created at its full authorized level of \$450 million.

Now, as I said earlier, I am not asking you for new money. We have in the past consistently spent at least \$375 million a year on the Eisenhower Program, which the new Math and Science Partnerships program replaces. Furthermore, the money you spend on this would simply be taken out of Title II. It is not new money in Title II, and the Senate recognized that, and you recognize that; but I think it is very important to allocate that full amount into this fund.

The Math and Science Partnerships try to get at the teacher

quality question, which Chairman Boehner raised awhile ago. Much of the effort is to try and improve teacher quality. In H.R. 1, we did something that is going to require dramatic improvements in teacher quality in math and science, because for the first time we have put in a requirement that each State has to set standards for both math and science and also, within a few years, institute tests in both math and science. That means there is going to be a massive effort necessary to train teachers to teach math and science properly and to understand math and science.

I feel very strongly about this, not just because I am a scientist; that is not it. It is because I have worked in the schools, the elementary and secondary schools for 20 years. I know what goes on in the schools. I know the teachers are anxious to do their job, teaching math and science, but in most cases they have not learned enough or been taught enough about either the subject matter or the methodology of teaching in their college and university training. And I hope we can address that, as Chairman Boehner said, in our higher ed bill next year.

In the meantime, there is a lot of work to be done in teacher training. Teachers are eager to do it. It is very important that that money be put in, that \$450 million authorization, to the maximum extent so that the universities and the schools can form these partnerships.

As I said earlier, the best jobs of the future are going to be those jobs. The only job market--even though it has been hurt a bit by the recession, the only job market where it is still relatively easy to get a job is in the high tech fields. A few years ago, there were 365,000 open jobs that they absolutely could not fill, and Congress passed a provision to allow 200,000 foreigners to come in under H1B visas. If we don't change that pattern, we are going to continue to import foreigners who will get the better-paying jobs, while our students will not.

I could go into great detail. And let me just show you two charts that I think are important, the TIMSS results, and they are attached to my testimony. This shows the physics achievement of United States 12th graders compared to other developed countries. The top country is Norway, score is about 580. The United States, and this is in physics, the United States is dead last with a score of about 420.

For our country, the one remaining superpower, the greatest resources, to be dead last in that subject is just intolerable. We have to improve.

If you look at mathematics, it is not that much better. United States, second to the last, beating out only Cyprus.

That is a trend that cannot continue in a world where today, according to a conversation I heard recently on the radio, talking about mechanics, garage mechanics, they asked the supervisor of a major service garage, a dealership, what do you look for when you hire mechanics? He said, ``Well, the first thing they have to have is high school algebra and high school physics.''

Now, when I was in high school, the kids who didn't take high school algebra and high school physics became mechanics. You can't do it anymore. We are entering a high tech world;

whether it is being a mechanic or an office worker, people need the basic understanding of math and science.

I am not talking just about producing scientists and engineers, but just the basic education of the workforce that is required for the future is what we need. And this program will give it, but it requires that it be funded adequately, now certainly minimally, at the level it was before with Eisenhower at 375.9 million, but preferably at the authorized level of \$450,000,000.

[The prepared statement of Congressman Ehlers follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. I appreciate your testimony.

I had the CEO of Intel in to see me, and he was making essentially the same arguments you are, because they have trouble finding the people they need in production of chips.

Mr. Ehlers. It is almost criminal, we have a lot of unemployed people today and jobs waiting for them in a field that they haven't been trained for.

Mr. Regula. He has the same problem.

Mr. Ehlers. Just to give you a number to put with this in terms of saving our Nation costs--not only the ones I talked about the government saving labor and welfare costs--but American industry today, according to the best figure I have been able to find, spent \$62 billion a year training their employees. Now, roughly a third of that, about \$20 billion, is retraining in skills they didn't get in high school.

The industry in this Nation is spending more on retraining than the Federal Government is spending on the K-through-12 education system. And I think there is a lesson there.

Thank you very much.

Mr. Regula. Thank you for coming.

Wednesday, May 15, 2002.

EDUCATION FUNDING

WITNESS

HON. PATSY T. MINK, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF HAWAII

Mr. Regula. Next is Mrs. Mink. Glad to see you.

Mrs. Mink. Thank you very much, Mr. Chairman and members of the committee. I have my prepared statement which I submitted; in order to save time, I would like to briefly describe from the list I presented those that I think that are extremely urgent in my sense of priorities.

The reason I prepared this list, Mr. Chairman, is that I served as a conferee on H.R. 1, and we labored and labored to try and condense the many, many programs that we had authorized over the last decade. And in doing so, we came up with a list that we thought was a fairly well-examined and analyzed list of programs that succeeded, had a very precise direction that it

was taking educational support towards. And in working with the majority, minority, with the White House, we had the assumption that this list was going to be submitted in the budget and funded, as we had requested in H.R. 1.

Well, to our amazement, when the budget was submitted, 41 of the programs that we agreed to were zero funded; and that is what I am here for today, and I believe you must have this list of all the programs that were zero funded.

And so we need to, I think, look at these programs that are zero funded, that have been in existence and have been successful. Some are very close and dear to my heart.

The first is the Native Hawaiian Education program over which we have had a number of debates and discussions. It is an absolutely critical program for the Native Hawaiian children who are the most disadvantaged--disadvantaged because under a 1920 act of Congress, they were forced to settle in the most remote areas, away from job possibilities, away from the center of our metropolitan communities. And as a result, their opportunities, even for education, have been sacrificed.

So they need this special money. So I am hoping that the Committee will look at the previous funding and agree to the \$30.5 million which was authorized last year and appropriated.

The other program is one that I am associated with for several decades. In the 1970s, when the program first started, the Women's Educational Equity Act, WEEA, we also fought for the appropriation levels on the floor. That program has been successfully maintained.

We were able to authorize it in our conference committee at a very minimal amount of money, at \$3 million; and I am hoping that the Committee will agree to that sum and provide it. It is essential that the gender emphasis of equity be sustained in our schools. And anyone who has read the recent reports from AAUW will see this type of program emphasis is still needed.

A very small program, next, has to do with minority and disabled students by providing them with special mentoring programs and other workshops, internship programs and so forth, funded at only \$250,000. I came to the Committee last year and asked for this money, and the Committee very graciously provided a small earmark for that national program, and I am here again to ask for that money.

The next program has to do with the school counseling. The Speaker, Mr. Hastert set up a task force between the minority and the majority after the very serious Columbine incidents and others; and while we disagreed on what steps needed to be done to prevent this type of violence in the schools, we came to the conclusion that the most important thing that the country could do was to emphasize the importance of counseling, so that the young people who are troubled and who have conflicts at home or have tendencies to violence and so forth would have someone to go to.

Right now, they have a vice principal, who is there primarily for discipline. They can't go to this individual for the counseling and attention that they need.

This program inexplicably was zeroed out in the President's budget, and I can't consider any more important program to meet the current crisis in our schools than this program. And I think this has very wide bipartisan support, and I am asking

for \$75 million.

Arts and education: I believe the Chairman is a sponsor of the Congressional Arts program, and we know how important arts is in our school activities. And this very small amount of money of \$30 million was also zero funded out. And I think this is an important program. We shouldn't stop it; we should encourage it. It gives our young people a chance to explore their own creativity, their sense of worth of themselves, as they create these art works; and so I hope that the Committee will continue that.

Community Technology Centers, Close Up Fellowships that we have, mentoring programs, again which we worked very, very hard in H.R. 1 to establish a program and to articulate the importance of mentoring; and we find that the funding has been eliminated in the budget. So we are asking for \$50 million.

A very popular program among Members of Congress is the National Writing Project. That is not primarily for students; that is for teachers. When we look at the accountability criteria, we see that it is not only math, language arts and so forth; it is moving into writing. And it is a concept of instruction that is difficult to deal with, so we need something like this to help train our teachers in writing techniques and so forth.

Mr. Chairman, I represent rural Hawaii. My colleague, Mr. Abercrombie, represents the City of Honolulu. All my constituents are rural. Our biggest difficulty there is attracting teachers to come out to those schools, and once they come out, they stay 1 or 2 years, and we have this constant turnover with huge vacancies in terms of teachers.

We all know that if we are going to meet the standards of H.R. 1 that we enacted, school accountability, we are going to have to spend some efforts to try to equalize this problem. And rural America is suffering. So I feel that the funding request of \$300 million is a very modest one and will allow the rural communities to have this special assistance to come up with programs for retention, for ways to attract teachers into their areas and to make their environments equal to the environments in other middle class communities throughout the country.

Mr. Chairman, I hope that you will look at all of these programs that I have listed. I know that time--my time is up, but every single one of them--the gifted programs, Star Schools, Even Start--all of these things have to do with success of our educational system.

And if H.R. 1 is to succeed and the concepts of accountability are to bring to fruition our ambition for quality education, then these programs should not be sacrificed. They were gone over thoroughly in the Conference Committee, and they should not be zeroed out and should be funded currently in the programs--and increases in some cases, as I pointed out.

Thank you very much, Mr. Chairman.

[The prepared statement of Congresswoman Mink follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. I can't disagree with you on a lot of them. The

only problem is allocation.

Mrs. Mink. I wish I could print money or somehow get you the resources, but I am sure with your ability and knowledge of the budget, you are going to find the money for the things that are important.

Mr. Regula. Thank you for coming.

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. PETER J. VISCLOSKY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mr. Regula. I think in our list, Mr. Visclosky, you are next. Some are not here yet.

Mr. Visclosky. Mr. Chairman, you have my testimony and I wanted to come personally to thank you for all of your past kindness and consideration, to thank Mr. Obey and the staffs. They have been terrific to deal with.

I have three requests--one for Valparaiso University, one for Indiana University and one for Ivy Tech State College--and look forward to working with you on those requests and trust your good judgment and fairness.

[The prepared statement of Congressman Visclosky follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. I suggest you submit those to Mr. Obey. And I am sure they are all good projects; the problem will be having enough money to do all the good projects that we know are out there.

Thank you.

Wednesday, May 15, 2002.

EDUCATION FUNDING; CHILD CARE AND DEVELOPMENT BLOCK GRANT; CDC; HIV/AIDS; WORKFORCE INVESTMENT ACT; PROJECTS

WITNESS

HON. JOSEPH CROWLEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Regula. Mr. Crowley?

Mr. Crowley. Thank you, Chairman Regula. I also thank Ranking Member Obey for granting me this opportunity to testify before the Subcommittee to discuss some of my key priorities.

To best communicate the needs of my district, I would like to present my remarks in three specific parts. They are providing our children a high-quality public education, strengthening our public health system and providing for the

newest members of our American community.

With respect to improving the quality of education, I believe it is imperative that our society continues to invest in our children and in our public schools. While I was pleased to see the passage of H.R. 1, the No Child Left Behind Act, I am concerned to see that the President did not fund all of our shared priorities in this budget. I hope the Committee will address this issue in its bill.

For example, I am a strong supporter of the Magnet School Assistance Program and have submitted a joint letter to this committee, along with my colleague and Committee member, Congresswoman Roybal-Allard, expressing my support for this initiative and for funding it at \$125 million, the authorized level for fiscal year 2002 as outlined in H.R. 1.

Even with the diversity of New York City, we still have a problem with the desegregation of our public school system. Continued Federal funding of magnet schools will help us alleviate this problem in a way that best serves the schools and students.

Additionally, to help our precollege students succeed, I am seeking \$250,000 for a 21st Century Community Learning Center for a school district that encompasses several communities within my district, including the neighborhoods of Morris Park and Pelham Parkway, sections of the Bronx Community School District 8. Funding of this important program would make key investments in our children by creating and expanding new after-school programs. Proven initiatives such as these give local schools and communities more options for improving student performance and reducing juvenile crime.

Thirdly, I seek \$100,000 for the Whitestone Hebrew Center in Queens, New York, to fund an adolescent mentoring and civic education program. A longstanding member of northern Queens the Whitestone Hebrew Center has had a strong presence in our community for well over 73 years.

Whitestone offers a variety of community activities for children and adults, regardless of faith, including children's and senior day care, as well as mentoring programs. Serving over 8,600 people last year, Whitestone is a prominent and well-deserving member of our community.

Regarding the health needs of my constituents, I seek funding for an innovative program in my district to combat sexually transmitted disease, including HIV/AIDS, among youth. Steinway Child and Family Services of Queens, New York, has created a program of educating teen peer counselors and having those teen counselors speak to their contemporaries about HIV/AIDS and its prevention. Using honesty and education, these teens can speak to their counterparts in a language they can understand, recognize and respect, thereby better reinforcing the message.

Steinway has a proven record and has benefited from the generosity of this committee in fiscal years 2000 and 2001 for similar programs.

Additionally, as some of you know, particularly the gentlelady from New York, Mrs. Lowey, New York has some of the highest rates of breast cancer--Queens has, excuse me. African American women, Latino have a higher rate than white women, caused by inadequate access to early mammography and preventive

care.

To help address these concerns, a public hospital has undertaken an extensive outreach and education program with respect to breast cancer in northwestern Queens. And we are asking for \$500,000 for a digital mammography unit at that hospital.

[The prepared statement of Mr. Crowley follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Let me say on the projects, you should talk with Mr. Obey; we have an agreement that I work--I am talking about earmarks now--I do the majority side and he does the minority. And so that is just a suggestion.

Mr. Crowley. Mr. Chairman, I will take up your suggestion, and I will speak to Mr. Obey.

Mr. Regula. I assume you did last year.

Mr. Crowley. I have, and I will in the future as well.

And I will yield back the balance of my time and speak to the Ranking Member.

Mr. Regula. I hope we have enough allocation to do a lot of these projects, because I personally believe that Members know their districts; and they know what is important, what will be the most beneficial to those that they represent, perhaps more so than those in the bureaucracy.

Mr. Crowley. I hope so.

Mr. Regula. We will do all we have available in terms of resources to the Committee.

Mr. Crowley. Appreciate that.

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. CAROLYN MCCARTHY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Regula. Mrs. McCarthy, you have been very patient.

Mrs. McCarthy. Thank you, Mr. Chairman. And after what you just said to my colleague, I know I have to go to Mr. Obey, but it is always good to have the other side listening also.

The programs that I am going to be asking for are really programs that I am very closely related to in my district. Unfortunately, Nassau County, where I live, has come upon hard times. It was probably considered one of the richest counties in the country, and yet they have cut all programs because we are now just about in bankruptcy.

Mr. Regula. What did you lose, industries, tax base.

Mrs. McCarthy. Unfortunately, because of poor management, we kept going into debt.

Mr. Regula. Mismanagement of the school system or the county?

Mrs. McCarthy. The whole county. There has been quite a

stir, and we are trying to get out. And New York State has tried to help us a little bit, as far as lending us money and giving us a certain amount of time; but with all the social problems that are going on in Nassau County, almost all of them have lost all their funding.

I had given you my full testimony, but again, Adelphi University, they have what they call a hotline. It deals with all of New York State as far as working with women that have breast cancer. A lot of them are survivors; they are on the hotline to talk to women when they first find out that they have cancer.

We have social workers. They have a tiny little room in Adelphi University, which Adelphi has currently given them to be able to use, but again they need money to keep this program going because New York State--as you know, also--which funded them, with the financial problems that we have had in New York because of September 11, they have lost their funding from New York State.

Mr. Regula. Your social programs are suffering because of the mismanagement in the county government?

Mrs. McCarthy. Well, we got double hit. Nassau County, which does not have money anymore for their social programs, and then New York State, which also helped fund some of these programs, they don't have the money for it either. So I am asking for money for Adelphi University.

One of the other things, too, is that Nassau Community College, they have a great nursing program and for someone who has been a nurse for over 30 years, I have spent time in their lab. They cannot afford the new equipment to teach the future nurses of this country what nursing is all about. So I am requesting funding for that, which I think is extremely important.

If we are going to have young people go into nursing, they should be trained on the equipment that is in the hospitals now. So with that, I am asking for funding for that.

And we have the amounts, so I am trying to cut this down really short.

The other thing that I am looking for is to help--and again I appreciate what you said about Mr. Obey--is to highlight a program that we have in Hewlett, which is called the LIFE program. This is a program that has been around since 1973, and it basically helps--my district has become very integrated with different cultures. But LIFE's main mission is to help families stay together by offering educational programs for children, parents and grandparents, because we know when they all work together, it is the best thing for the children.

It is an educational program that includes vocational training, after-school and weekend initiatives for children at risk. There is also retail vocational training for disabled teenagers and adults.

Over the last several years the number of people who need LIFE services has grown dramatically. In response, LIFE has begun raising \$10 million on their own to expand its program to house them in a central facility in Hewlett. More program dollars to support the key community educational services would help them quite a bit.

With that, I am asking for \$1.5 million for the expansion

and integration of LIFE's community educational programs from the Labor-HHS appropriations.

The other program that I am asking for is the Peninsula Counseling Center. They basically are licensed by the New York State Office of Mental Health and the New York State Office of Alcoholism and Substance Abuse.

In 2001, Peninsula's professional staff of 77 psychiatrists, psychologists, nurses, social workers and vocational rehab counselors provided mental health and alcoholic treatment services to more than 5,000 people just in my area alone. Unfortunately, as a result of the national and local trauma after September 11, there has been a great need for mental health services. I will say in my district alone in Nassau we lost over 700 people on September 11, and it has had a tremendous impact on all of my communities. Federal support would help the Peninsula Counseling Center keep up with the high demand for services on Long Island.

Mr. Chairman, on behalf of Long Islanders, I request \$1.2 million for the Peninsula Counseling Center from the Labor-HHS appropriations.

I thank you. I know money is tight, and I do appreciate that.

[The prepared statement of Congresswoman McCarthy follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. Query: You mentioned the county's mismanagement. Is the school system funded separately from the county, so it would not affect their resources.

Mrs. McCarthy. Our school taxes--each one of us in our school district pays the taxes. Next Tuesday, we all vote on our budgets. Unfortunately, most of the school budgets are probably going to be voted down next Tuesday.

Mr. Regula. What do they do if they vote it down?

Mrs. McCarthy. Unfortunately, a lot of people don't understand how a school budget actually functions. So when they vote a school budget down, they feel they will go on austerity budgets. That does not cut what the main thing that a school functions by. Teacher salaries still have to be paid, administration has to be paid.

So what is cut out? Usually school buses, the athletic programs, all the things that affect the kids.

But that is actually separate from Nassau County. So we are really--I will give you an example. I have a tiny little house that I bought from my parents, going back 25 years ago. I think my parents paid \$11,000 for it. I am on a 40 x 100 piece of property. My taxes this year will probably go up to close to \$9,000. \$9,000.

Mr. Regula. You had better move to Ohio.

Mrs. McCarthy. It has been tempting. But I am working. There are many young couples--so it is really hard. And the programs that we have reach out to such a diversified population; and as a nurse, any way that I can help people to make a better life for themselves, certainly to me it is money well spent.

Mr. Regula. Thank you for your testimony.

Mrs. McCarthy. Thank you, Mr. Chairman.

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. WES WATKINS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OKLAHOMA

Mr. Regula. Mr. Watkins.

Mr. Watkins. Mr. Chairman, I am glad you are here. I guess I am the lone Republican, because I think the President is speaking with the Caucus.

Mr. Regula. We have a lot of witnesses so we are going to keep going.

Mr. Watkins. I might mention to you, I had a choice of three things--I had a head cold--go see the doctor, go see the President or come and see you and the staff. So I decided to come and try to make my requests.

Mr. Regula. That is a pretty good choice.

Mr. Watkins. Thank you so much. I come with several requests.

I know you have got more requests on the table and probably don't have a handle, but I would like to follow up, the question last year, we had a request for the Center for International Trade Development. I think we had about \$750,000 requested; I think we got about \$300,000.

We are trying to improve our global opportunities by developing our international studies and international trade activities and the rural enterprises, applying some practical connections there with it along with the School of International Studies.

It is working and something that I sure would like to see us continue in a way to help us close that gap in international trade. As you well know, that is one of the most alarming things we have got in the country today.

Also an exciting, very exciting situation is in career technology. In Oklahoma--Stillwater, Oklahoma, where I live; that is the State office--quite a bit of money has been put into developing career technology. In fact, we probably have the most comprehensive career technology curriculum training of any center anywhere in the United States.

We are trying to make sure that we are able to convert some of that and be able to utilize that, working with our international center. So, as you can imagine, being able to convert that in a language--and also we can either work with the training or trying to enhance the opportunity to do more international trade.

So it is a program, like I mentioned, because of such an outstanding CareerTech program in Oklahoma, I have become a product of that, I guess, in some respects.

Two health department requests: we have requested \$4 million in rural telemedicine. As you know, that is one of the big things that GAPP--communities are losing their doctors and

we are trying to figure out how to provide the medicine for them. So I know that is another area.

Also Fragile X, something we started just providing a little research. Fragile X is the most commonly inherited cause for mental retardation. And let me say, Mr. Chairman, some of that research is beginning to pay off. And it is something that you and the staff and others can be very proud of and I hope that you can help with that program.

I know there are a couple of others.

[The prepared statement of Congressman Watkins follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. I assume you have submitted a letter.

Mr. Watkins. I have.

Mr. Regula. You have prioritized?

Mr. Watkins. I will bring them back a priority typed letter.

Mr. Regula. Bring the priorities, because obviously we don't have funding to do all the things that people would like; and therefore we want to do what is the most important, in your judgment.

Mr. Watkins. Mr. Chairman, I appreciate that very much and I appreciate you and the staff and I am glad to be before you today and maybe you can help me out a little bit here. Thank you.

Mr. Regula. I think you will be able to make the other meeting, too.

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. TIM ROEMER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mr. Regula. Mr. Roemer? Before we get started, didn't you sponsor the bill on John Adams?

Mr. Roemer. I did and we passed it, Mr. Chairman, with your help. It is law. The President signed it. With your help, we are moving along quickly on that. Hopefully, we will make it happen and I will ask your advice on the floor this week, probably, for a couple of questions on where we go from here.

Mr. Regula. Remarkable individual.

Mr. Roemer. He really was.

Have you read the McCollough book?

Mr. Regula. And had a remarkable spouse, too.

Mr. Roemer. Abigail should be part of the memorial.

Mr. Regula. That is true, very true.

My wife started the National First Ladies Library, recognizing spouses and their role; and she is the epitome of what a spouse--the possibilities--all of them have been influential, when you really get into it.

This is a bit of a digression. All right, let us hear about

your projects.

Mr. Roemer. Thank you, Mr. Chairman. I ask unanimous consent to have my entire statement entered, and I will try to be very brief.

First of all, I want to thank you. You have supported, along with Mr. Obey, a project which is a builder, a successor to the Troops to Teachers program. We will need to hire 2 million more teachers in the next 8 to 10 years. Nothing will determine the success of public education in this country more than the quality of our teachers.

While we worked in a bipartisan way with President Bush to pass the bill No Child Left Behind, there is a glaring omission from that bill, and that is that we did not do enough to improve the quality of our teachers. This Troops to Teachers follow-on, which is called Transition to Teaching, which you funded along with Mr. Obey in a bipartisan way last year, I think \$35 million needs to be increased this year to help the quality of teaching as we go into this hiring mode to replace 2 million teachers in the next few years.

The President has recognized the success of this program and, in this budget, asks for almost \$40 million for this program. I would request humbly, Mr. Chairman, that we go up to \$50 million given the need to accelerate opportunities to hire good people out there.

The Troops to Teachers model has been an astounding success. We still have more than 3,300 former military people teaching in our schools, some of the most difficult schools to teach in, with the highest dropout rates, and they are staying in there and getting great grades and great evaluations as teachers.

So we can do even more of this, bringing in math and science teachers from the private sector to replace some of the people that will be retiring, to go in and teach in areas where we have high growth rates.

So I applaud this committee for their bipartisan work on this very successful Transition to Teaching model, and I think we need to do more there.

The second request is for \$1.5 million for a very innovative program at the University of Notre Dame that is a school administrator certification program for under-resourced schools, K through 12. As important as you and I have recognized that teachers are, principals are probably determining the morale and the direction of these schools. We need better programs to make sure that we have the best principals trained in these schools.

This program at the University of Notre Dame will train more than 100 people to be the principals of the future in our schools.

And finally, Mr. Chairman, we have the request for \$800,000 for Safe Kids-Safe Neighborhoods programs in the City of South Bend. Our mayor spent over \$532,000 on these programs last year.

Why are these after-school programs important? In our largest cities in America, over 50 percent of our children in those schools and those high schools will not graduate on time; 33 percent of those children will not graduate at all.

Now we have a terrorism problem in the world. We have a huge problem in our schools with this dropout rate. We can

solve the terrorism problem, and if we don't solve the dropout rate, especially in our bigger cities in the inner-city schools, I am not sure in the long term--you know, what good the other one is going to do for us.

So this after-school program comes up with programs for our innercity kids--homework, social skills and character building at Studebaker Elementary School; a computer skills program at Harrison Elementary School; and a science olympiad at Riley High School--3:00 to 6:00, when a lot of these kids tend to get into problems after school when they don't have someplace to go at home----

Mr. Regula. Are you aware of what the Gates Foundation is doing? Bill and Melinda Gates have committed enormous amounts of money to set up programs in Ohio, with \$35,000,000 for starters, to get the dropout rate or noncompletion rate improved in our big cities; and that is exactly what you are saying here.

Mr. Roemer. That fits exactly with what I am saying, Mr. Chairman. I think the Gates Foundation is doing some----

Mr. Regula. But check if Indiana is participating.

Mr. Roemer. I will do that. That is a great idea.

Mr. Regula. They announced in my district the \$35 million. It was Ford, Gates and another one combined. And I think, as you point out, it is a real tragedy.

Mr. Roemer. It really is for this country.

Mr. Regula. Many of the cities' dropout rates exceed 50 percent, and what a waste of talent.

Mr. Roemer. Well, the foundations can do a lot to help us, as they are with you. Indiana is not far from Ohio, so maybe we can talk them into coming over there to South Bend, too. But if we can get your help at the Federal level--Mr. Chairman, you and Mr. Obey have been so helpful in this Transition to Teaching program, an innovative approach to quality teaching--
--

Mr. Regula. Teach for America has been very successful. I agree with you. Probably the one place we need to pursue a little bit is the education institutions to wherever possible improve the quality of education of our prospective teachers and principals. I think what you are saying about the principal being the leader is an absolutely important feature.

Mr. Roemer. Thank you. I look forward to your help on these projects, Mr. Chairman; and I thank you for all your help on the Adams project, too.

Mr. Regula. Let's see if we can get that one moved.

Mr. Roemer. We will. Thank you.

Mr. Regula. Thank you.

[The prepared statement of Congressman Roemer follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. JOE BACA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. Regula. As I look at our list here Mr. Baca, I think you were the next one in, and then Mr. Bereuter.

Mr. Baca. Thank you, Mr. Chairman. I come before you; and, hopefully, you will take the statement that I have submitted as well in writing.

Mr. Regula. We will.

Mr. Baca. According to the Census Bureau, the Inland Empire saw the fastest growing population growth in the Nation, San Bernardino County being the sixth in the Nation. It has 1.7 million in population, 25 percent growth over the last 10 years.

Riverside County, which is the other area--and, as you know, I am surrounded on an island with Jerry Lewis, Ken Calvert, Mary Bono, David Dreier, Gary Miller and now Buck McKeon, who will have the other portion of that area--Riverside County had 1.5 million in population, a 32 percent growth.

A combination of strong job creation and affordable housing has led to an economic and population boom since we have had a lot of affordable homes in the area. So people from L.A. County, Orange County and San Diego have moved into the Inland Empire. The growth in the Inland Empire can no longer be limited to population or economics but must also be represented in the quality of education we provide for our youth.

That is why it is important--one of my first priorities is a request for the Virtual High Tech High School program, which is located and actually physically located in Congressman Lewis's district, but we represent both of the areas of the services it provides throughout the Inland Empire. The Inland Empire students are not acquiring the skills and knowledge in science and technology that they need for better-paying careers, and we know that if you want to compete in the 21st century you have got to make sure that you have the technology and the training to move in that area and in creating job---

Mr. Regula. Does your area have a post high school two-year technical program available to students?

Mr. Baca. No, that is why we have created the Virtual High Tech that will be available. It is a joint consortium of the different high schools in the area from San Bernardino, Rialto, Fontana, or the---

Mr. Regula. This would be post high school, a 2-year associate degree, I assume, that they would give?

Mr. Baca. They would get a degree in high school in technology and training in that area, not towards secondary. Secondary would be the post, which would go into a community college. That is another program that I would like to look at as another priority.

But this is to develop a Virtual High Tech training program to get our kids to begin to have the same opportunity as we talk about leaving no child behind. We have got to make sure that they have the opportunity for technology and training in that area so they can become competitive and get good jobs and stay in the area. But if we don't provide that training it becomes difficult, because not every school has wires and access to technology. So what we want to do is create an

opportunity for those students to go to Virtual High Tech in an agreement that we have with the consortiums of schools within the areas to give them an opportunity to compete and to get jobs.

Some of the kids that are actually in high school have now been offered a job for \$50,000 just starting directly out of high school----

Mr. Regula. So this would be paid out of a central point through the fiber-optic cable, I assume that you are saying, a virtual reality kind of a setup; and the instruction would come in over the cable to the schools?

Mr. Baca. That is directly--and then we would have agreements with them, and it would be located at Norton Air Force base. That is where the Virtual High Tech is, which is directly in Jerry Lewis's District, but both of us have jurisdictions since the schools come from my area and go there. We are dealing with a lot, just as we had a conference call dealing specifically with the Virtual High Tech here in D.C. with the schools that were part of it. That is why I think it is important that we look at preparing our kids for the 21st century in technology.

The other area, I am actually requesting \$2.5 million for this important project. It is a high priority for us and for Congressman Lewis, too, as well in the area. My second request is for a Student Tutorial Center in San Bernardino County Unified School District and San Bernardino Valley College. This will be jointly dealing with middle college high schools to offer high school students who are not meeting the full potential an opportunity to earn an associate of arts degree, which is the postsecondary that we talked about in San Bernardino Valley College, and high school diplomas at the same time. This program has yielded excellent results thus far. At the end of the first semester, 77 percent of the students improved their point grade average.

Again, these programs are good when we talk about it because it builds self-esteem, confidence, and it builds the attitude that I can through the tutorial programs that we have in centers. I think those are very important because sometimes students lack the confidence and the ability, but when you go into a tutorial program and you are able to provide that assistance, a student then begins----

Mr. Regula. Does this also spill over into several congressional districts?

Mr. Baca. Yes, it does into the immediate area.

Mr. Regula. Let me suggest if you could get a consortium of the Members. Because we have so many dollars that we allocate to special projects, and it is done by Member, and, of course, if several Members would join in a request it would broaden the amount that we could put in that project since it is serving several congressional districts.

Mr. Baca. But the majority of it falls in the district of Congressman Lewis and myself in that particular one, and it touches base with Ken Calvert that is on the other side and with Mr. Dreier now that has taken over my old district in Rancho Cucamonga. I am seeking \$350,000 to create a tutorial center for middle college high school students.

The third priority request is for an English Language

Development and Academic Skills program. The number of students with limited English has grown 265 percent in 10 years, and English learners make up about 25 percent of the student population, 42.6 growth over the last 10 years. Riverside county has had a 25 percent dropout so--from Ken Calvert's district. He has a higher dropout in that area.

That is why I think it is very important, and I can speak from my own personal experience. Because, Mr. Chair, when I first started going to school I got put in slow learners classes because I didn't speak a word of English, not that I couldn't perform academically, but that wasn't my primary language. It wasn't until later on that I was put into the regular mainstream classes and was able to perform with a lot of the other students.

That is why these programs are so important in developing skills in English language, and that is why I am requesting \$2 million for this particular project that I think is very important.

The fourth project is the request for the Hispanic Border Leadership Institute at the University of California at Riverside. This is actually located in Ken Calvert's district, but that is the only university serving the Inland Empire in Mary Bono's district as well as my district and Jerry Lewis and Gary Miller and then, of course, now Buck McKeon. This program is run by a consortium of eight higher education institutions with a mission to improve education in our border regions, with particular emphasis on the Latinos and improving education in Arizona, California, Colorado, New Mexico and Texas. I respectfully request \$4 million for the Hispanic Border Leadership Institute.

Again, I thank you. We need to meet the needs of education and training for our workforce for the future. And in order to do that we must meet the challenges of the 21st century.

With that, those are the four areas that I put a priority on; and, as you know, Mr. Chair, I and many individuals, we believe that education is a high priority. Education is the foundation that will lead to saving us tax dollars in the future. Because if we educate individuals at less money than we spend on incarceration, it presents more opportunities in early preparation and training and then that also serves as a tax base in our communities.

Mr. Regula. I agree. Thank you.

Mr. Baca. By the way, here's the article that came out in today's L.A. Times that talks about the jobs we have just recently lost in the immediate area, and that is why the aspect of education and training---

Mr. Regula. It is happening in a lot of districts, including mine.

[The prepared statement of Congressman Baca follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Wednesday, May 15, 2002.

CLOSE UP; HHS OFFICE FOR THE ADVANCE OF TELEHEALTH; PROJECTS

WITNESS

HON. DOUG BEREUTER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEBRASKA

Mr. Regula. Okay. Mr. Bereuter.

Mr. Bereuter. Mr. Chairman and members of the Subcommittee, thank you for hearing my testimony today.

I was pleased to hear your comments about collaboration, because the request I am making is a significant part of a collaborative request.

I would ask unanimous consent that a statement from Congressman Blumenauer and a statement from President Stephen Janger of the Close Up Foundation be submitted for the record.

Mr. Regula. Without objection.

[The information follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Bereuter. Mr. Chairman, members of the Committee, I have three requests that I am conveying that are in part consortium requests. The first is for the University of Nebraska Medical Center College of Nursing, a second for an appropriation for the Institute for Rehabilitation Science and Engineering at Madonna Rehabilitation Hospital in Lincoln, and third for a Lewis and Clark Bicentennial Special. I also speak about some committee report language which I think would be important in the latter part of my statement.

First, with respect to the \$3 million I am requesting for the University of Nebraska Medical Center College of Nursing, this is a request supported by my colleague, Tom Osborne, who will perhaps speak about it shortly, who is behind me.

The requested funding, which we elaborate in some detail in a statement is based upon the nursing shortage across the whole country but is particularly severe in several parts of the Nation, would allow the University to broaden its distance education opportunities in rural Nebraska. Specifically, the funding would allow the University of Nebraska College of Nursing to become one of the first nursing schools to offer a bachelor's degree in nursing, completely through distance education with hands-on supervision and in-service application.

The second request is for the Institute for Rehabilitation Science and Engineering at Madonna Rehabilitation Hospital, \$3 million. It is the first request I or any other Member from Nebraska has ever made for this rehabilitation hospital. It focuses exclusively on rehabilitation and has a very heavy research component. It is funded by charitable contributions and by foundations. They are a national leader and innovator in rehabilitation care. They are always ranked in the top ten. Many people say it is the premier rehabilitation facility in the Midwest.

My request to you was generated some time ago when we had it prepared, but I might tell you, Mr. Chairman, on a personal basis, I spent the last 3 weekends in large part in that hospital because my mother suffered a severe fall with five fractured bones, and she is one of the people there. At the same time, I understand Congressman Osborne's mother-in-law was there. So we are very fortunate to have it at hand, but the

question was generated before I am getting a first-hand taste of what kind of care they have.

They are asking for the funds through me to allow the Institute to develop new programs and projects in physical therapy as well as clinical programs based on research projects in the gait and motion laboratory. Specifically, this funding would allow the Institute to conduct a project on the use of quantitative EEG to improve functional movements in patients with multiple sclerosis and Parkinson's disease. With the requested funding, the Institute also plans to conduct an assessment on the optimal use of clinical informatics to improve orthopedic rehabilitation and a study on the use of handheld wireless computers as cognitive prostheses to increase employment of people following brain injury.

One of the reasons they had such a large research component is that a key faculty member was himself stricken and lost the use of his legs and has devoted a large share of his time now to leading the rehabilitation laboratory there. This is separate and apart from the hospital care that they provide for people throughout the Nation.

The third is the Corps of Discovery, a Lewis and Clark Bicentennial Special. I make this request on behalf of the entire Nebraska House delegation and all of the Oregonians, except Mr. DeFazio, who is also looking for \$1.5 million from the same funding source.

Mr. Regula. We have got a time problem, but in listening to all of your questions let me suggest, if you could coordinate-- we have so many dollars that we can do in special projects, or earmarks as it is called, and every Member has an amount. Mr. Obey does the minority. I do the majority. The Senate has the same thing. If Members could coordinate and take a portion of their quota along with a portion of somebody else's quota, we could do some of the larger projects in terms of dollars.

I think, from what I hear you saying, a number of things you have it takes in the whole State or----

Mr. Bereuter. Two States.

Mr. Regula. Right. Mr. Osborne and so on. And it would enable us to do a larger project if we take some of the allocation of several Members to make it happen.

Mr. Bereuter. I understand your point. It is exactly what we have done in this instance, and we have the documentation.

This one will permit Oregon Public Television and Nebraska Educational Telecommunications to do this joint special with all of the Web sites and so on. It involves six or seven different local historical groups. We have a letter which shows you that it is supported by all four Senators from the two States. They made the request to your counterpart.

This is supported by all the Oregonians and Nebraskans except Mr. DeFazio who is supporting but did not want to use--
--

Mr. Regula. His portion of the quota. I understand.

Mr. Bereuter. And we have a history on this one now. These public television institutions collaborated to provide the special that ran all over the country on the Oregon Trail. So we have a high degree of expertise in these two States, and it will be available for the entire Nation.

Mr. Regula. We might ask you to coordinate it. And this is

all done in the conference. It is not done in the original bill, but----

Mr. Bereuter. We have provided you the budgetary detail; and we will, if we haven't already, demonstrate the commitment of all two States' delegations.

That is the nature of my request, Mr. Chairman, in addition to speaking very favorably about Close Up again.

Mr. Regula. These are all good things, and that is one reason I am interested in earmarks. Because Members can bring to our attention things that are very important to their districts that might not be important to the people downtown. But we are interested in the Members, and they represent their districts.

Mr. Bereuter. Mr. Chairman, I will make a special plea that the \$1.5 million we are requesting for these two States' institutions is either provided next year or it is too late. Because the bicentennial is upon us----

Mr. Regula. This is the Lewis and Clark. Yes, that is true.

Mr. Bereuter. Thank you. I will be happy to answer any questions you might have.

Mr. Regula. Okay, thank you very much.

[The prepared statement of Congressman Bereuter follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. JULIA CARSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mr. Regula. I have Ms. Carson, Mr. Osborne, Mr. Oberstar and Mr. Forbes; right? We have got a vote here at about 11:45. Assuming we can squeeze out another 5 or 8 or 10 minutes out of that time, I would like to get you all in before we have to go vote. So if you can cut it short, we will put your statements in the record. That way, we will give everybody a chance to be heard.

Ms. Carson.

Ms. Carson. Thank you very much, Chairman Regula and members of the Committee.

All the projects that I have are for Indianapolis, Indiana. You have heard from Dr. Israel, who has done a yeoman's job in terms of enhancement of the medical professions out in Indianapolis, and a lot of this incorporates this. We have got a \$1 million request for the Center of Aging and Community, which is a one-of-a-kind academic champion for gerontology in Indiana. It gives the seniors access to addressing their needs with chronic conditions.

We have the Indianapolis Project to Promote Responsible Parenting, which is a fatherhood project. We are asking for \$500,000 for that.

We have another project, Mr. Chairman, that is called

Healthnet's Southeast Multiservice Center, \$420,000, which will allow it to add some new programs to the neighborhood, including a network of health care needs. We have, like many urban areas around the country, an extreme shortage of nursing personnel; and they train nurses to respond. We have urban hospitals that are turning away ambulances that are coming there because they don't have sufficient nurses to respond.

Finally, we have a request for \$750,000 for a project called I'm Ready from Marian College. It targets youths from lower income areas to consider health-care-related fields.

I would also, Mr. Chairman, like to provide for the record an Indianapolis Star article by Dr. Israel that was----

Mr. Regula. Without objection, it will be part of the record.

[The information follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Ms. Carson. I will yield back the balance of my time and hope that you will consider that as your favorable markup--.

Mr. Regula. On your personal projects, get them to Mr. Obey. He does the minority and I do the majority on earmarks.

But let me also suggest you talk to the Senators, because they, too, have earmark ability and more than we do because there are fewer of them and we basically deal with the same total amount in each House. So if you can get them on board, that will be helpful, that when we get to the conference that we can use some of their quota along with yours to do what you think is a worthwhile project.

Ms. Carson. Thank you very much.

[The prepared statement of Congresswoman Carson follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. TOM OSBORNE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEBRASKA

Mr. Regula. Mr. Osborne.

Mr. Osborne. Thank you, Mr. Chairman. Thank you for this opportunity.

My first request would be full funding at \$50 million for Mentoring for Success. I have spoken with you about this in the past, and I appreciate your support of mentoring.

At the present time, it is estimated that 16 million children in our country badly need mentoring. I believe there are 700,000 that have a mentor. So the ratio is about 21 to one, those who get it and those who need it. So we would appreciate any help----

Mr. Regula. I visited a company in Columbus. They have a

thousand of their employees who spend an hour each week, and they pay their salaries while they are doing this. The city school sends a bus out to pick them up, and they mentor kindergarten kids. I have talked with some of them, and they said it has worked so well, it has made a world of difference in the lives of these kids. It gets them started off in reading. So mentoring programs are terrific.

Mr. Osborne. Yes. We would appreciate any help you give us in that regard.

The second request has to do with the Rural Education Flexibility and Assistance program, which provides a minimum of \$20,000 to small rural schools of less than 600. The big problem there is they get funding strings from the Federal government. Because they are so small, the number of students, it doesn't do them any good. They have grant riders. So we think that is helpful, and we appreciate that.

Finally, two projects from the University of Nebraska Med Center. One of them Mr. Bereuter mentioned. That had to do with nursing telemedicine.

Then there is \$1 million to improve the delivery of health care to rural areas through telemedicine. Many of our rural hospitals just aren't hooked up.

One I forgot is a telecommunications laboratory at the University of Nebraska at Kearney. That university is the only one to offer training for telecommunications management in the State of Nebraska. Right now, on rural areas we are losing population; and unless we begin to ramp up our telecommunications and diversify the economy, we are going to have a heck of a problem. So this would really help.

Mr. Regula. If you can work with Mr. Bereuter and the Senators, because these are major projects that affect the entire State, from what I understand you are saying, and therefore should be supported by both the Members and the Senator. That will allow us to allocate more money for getting us some contribution of their quota from each of the participants.

Mr. Osborne. I appreciate it. Thank you for your time, and we look forward to working with you.

Mr. Regula. Thank you.

[The prepared statement of Congressman Osborne follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. J. RANDY FORBES, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF VIRGINIA

Mr. Regula. Mr. Forbes.

Mr. Forbes. Thank you, Mr. Chairman; and I am going to be very brief. I have submitted a statement for the record of a number of requests that we have, but this morning I am going to

talk about two.

One is just to thank you for what you did last year for the Children's Museum in Portsmouth. That was a tremendous help. Over a million people have gone through that museum, and that wouldn't have happened if it weren't for your help.

The second one, if I could point your attention to the Appomattox Governors School for the Arts and Technology. The reason this school is so important is because it serves students from 13 different cities and counties, and many of these students are innercity students that would have no other opportunity to get this kind of training other than this school. Like many schools today, its back is up against the wall. Without some help, it just isn't going to be able to continue.

The other programs we have cited. They are more global programs that I think are joined in by a number of Members and I submit that for your consideration.

Mr. Regula. You have heard what I said about getting Members, if they can coordinate. Because we have an allocation for each Member, as you know. Mr. Obey does the minority, and I do the majority. But if they contribute some of their allocation, then we can do some of the more major projects that benefit a wide spectrum of people that would go beyond any Member's single district.

Mr. Forbes. We will certainly do that, Mr. Chairman.

Mr. Regula. Get Senators involved, too. With only 100 of them, their quotas are a little----

Mr. Forbes. Little bit larger.

Mr. Regula. That is right. Thank you.

[The prepared statement of Congressman Forbes follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Wednesday, May 15, 2002.

BREAST CANCER RESEARCH; LIHEAP; RURAL HEALTH; TRIO; IMPACT AID;
ADOPTION

WITNESS

HON. JAMES L. OBERSTAR, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MINNESOTA

Mr. Regula. Mr. Oberstar.

Mr. Oberstar. Thank you, Mr. Chairman. I will make your job easy. I am not here to intrude on your allocations.

Mr. Regula. It is your allocations.

Mr. Oberstar. I just want to talk broadly about programs, and I appreciate the time that you have allocated for Members to come.

Six issue areas. The first is funding for breast cancer research. It is 11 years since I lost my wife to breast cancer and almost 20 years since she was diagnosed with it. I was on the Budget Committee at the time, and the total budget for breast cancer was \$35 million. It is now approaching \$600 million, or a little over \$600 million, thanks to your support

and that of many others. But you have been a constant, and I want to encourage you to continue to make that investment.

Every year, more women die of breast cancer than all the members of the armed services that we lost during the entire Vietnam War.

Every year, the George Washington University Breast Cancer Center sponsors a lecture series from the donations that were contributed. Jo was treated at GW, and we have had some of the best minds, like Dr. Steve Rosenberg, who is Chief of Cancer Surgery at NIH, Rick Klausner----

Mr. Regula. Let me say, to speed it up, that Nita Lowey will take good care of that program.

Mr. Oberstar. It is critical.

The Low-Income Home Energy Assistance Program has been shortchanged this year.

Mr. Regula. I understand, and we are trying to get it released. I don't know if we will be successful, but we are very supportive of the program.

Mr. Oberstar. The glacier retreated 10,000 years ago, Mr. Chairman, but every winter it makes a return engagement in my part of the country, and we need that help.

You heard a little bit about rural health. My district is roughly 30,000 square miles, about the size of the eastern seaboard from here to Connecticut, and without the rural health initiatives we will have more people migrating out of rural areas all across America than we have had in the past 20 years. It is health care that keeps people there.

We have very innovative initiatives. I just visited with a group quite by accident who came in and talked about telemedicine. I visited a telemedicine project in one of the hospitals where they do telehome care so they don't have to send professionals out, a telelaproscopy that reduces the cost and provides high quality health care. So we want your continued support for adequate funding to get it to the \$1.5 billion level that was envisioned.

TRIO, I strongly support funding----

Mr. Regula. We are on board on that one.

Mr. Oberstar [continuing]. At an increased level; and the Impact Aid. We have these huge areas of public land ownership, no tax base. Cook County, that has only 6 percent of its land on which to support the entire population. Without Impact Aid-- here it looks like just a little bit, but it is like if you wear a size 16 collar shirt and they give you a 15 and a half. You can't quite button it.

Mr. Regula. I understand.

Mr. Oberstar. Finally, funding for the Adoption Opportunities Program. Jo and I were adoptive parents, and with Larry Craig I am co-chair of our Coalition on Adoption. We have done a lot of really good things, and we have 135,000 children in foster care across America. Dave Thomas was very strong and very supportive on this initiative. We can put them all in loving homes.

Mr. Regula. We lost a great one in Dave Thomas. Recently, he died, as you know. He did wonderful things for people.

Mr. Oberstar. Yes. We need to address that problem at home in addition to the international adoptions that are becoming very popular. But this committee I know has been very

attentive, and it is a relatively modest amount but will do an enormous amount of good.

Mr. Regula. Thank you for coming.

[The prepared statement of Congressman Oberstar follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. SHERROD BROWN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Regula. We have two witnesses left, and we are still ahead of the vote bells.

Mr. Brown.

Mr. Brown. Thank you, Mr. Chairman. It is a pleasure to be in front of you again.

I want to thank you and the Subcommittee for the support you have provided in the past on the St. Joe's Community Center Conversion Initiative and Lorraine County Community College. You personally have been particularly helpful in that. Those projects have meant a lot to the citizens of northeast Ohio.

The University of Akron is the public research facility and university of northern Ohio and has a long-standing record in community engagement and collaborative partnerships.

Mr. Regula. Do you have Akron University as of January?

Mr. Brown. As of January, yes.

Two of their recent outreach projects include the Center for Gerontological Health Nursing and Medina University Center, which it is my understanding Medina might be in a new congressional district come January which you will become more familiar with.

Mr. Regula. Yes, I will pay a little more attention to it.

Mr. Brown. It is nice to be in front of a committee where the chairman is picking up some new territory that I now represent.

The quality of life is threatened by a national shortage, as you know, of trained health care professionals. Particularly acute is the lack of nursing professionals.

The Center for Gerontological Health Nursing at Akron U, which will be split between my district and the newly created 17th district, is an established research, education and service entity that addresses health care issues. They have received a \$500,000 grant for the Administration on Aging to investigate best nursing practices for end-of-life care.

The Center will expand nursing education through Web-based and Web-enhanced internet instruction. It will establish core research resources. It will disseminate to the academic and health care community its research findings and education products to improve care of older adults.

The University of Akron has also established its leadership in regional economic development with its documented strengths in support of workforce development. It is developing such a

center in Medina, Ohio. It will offer flexible, comprehensive curriculum to meet the constantly changing needs of the region's workforce.

You and I have talked about that privately. I would like to make a public pitch to you to continue your work on that project and the other Akron gerontological service and thank you again for the work you have done with the two Lorraine projects that I mentioned.

Mr. Regula. Will you have the physical plant of Akron U?

Mr. Brown. I will have a small part of the physical plant. It is within 100 or 200 yards of my district, the rest of the University.

Mr. Regula. And the balance will be in the 17th----

Mr. Brown. In the new 17th, correct. But the Medina University branch will be in the 14th.

Mr. Regula. I figured that one out.

Mr. Brown. You knew that. It is nice to be able to come in front of a committee like this, Mr. Chairman. Thank you.

Mr. Regula. Thank you for coming.

[The prepared statement of Congressman Brown follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Wednesday, May 15, 2002.

PROJECTS

WITNESS

HON. LEE TERRY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEBRASKA

Mr. Regula. Mr. Terry, you are the last congressional witness this morning, we are going to get before the bells go.

Mr. Terry. Great. One of the things one of my law professors always said at law school in Creighton University is it is best to be first or last. So I appreciate----

Mr. Regula. And short either way.

Mr. Terry. And short. And I am here to display my affection for Creighton University and the importance of my request for \$2 million for their health science complex.

Quickly, the University, Creighton University, the majority of its majors that it offers, its graduate studies and doctoral studies have been in the health sciences. They have become a leader in two areas, particularly in chemistry programs, undergraduate and graduate chemistry programs, as well as become a national leader in hereditary cancer research.

What they want to do or need to do at Creighton University is kind of develop a new philosophy. They are combining their buildings, their undergraduate, doctoral studies and medical school, all into one seamless program and need help in order to rehabilitate some of their buildings. They are building new buildings, and what I am here to do is ask for your help, this committee's help, the Federal Government's help in assisting them as they try to establish or help with the needs of rural health care.

Mr. Regula. As I suggested to Mr. Bereuter, because your

schools tend to overlap beyond any one district, that if your delegation, including the Senators, can coordinate. Because you and Mr. Bereuter and the Senators that have quotas for these special projects, then you can combine part of yours with a part of theirs to fund a fairly substantial----

Mr. Terry. Perhaps our philosophy has been somewhat different since I am the only Creighton grad. Congressman Bereuter took the University of Nebraska that is established in his district, and I am championing the Creighton request, all of which are coordinated for the greater good of the State of Nebraska, particularly in meeting its health care needs.

Mr. Regula. And the Senators, of course----

Mr. Terry. And the Senators as well.

Mr. Regula. Does Creighton get any NIH funding----

Mr. Terry. We have had a significant talk about that. They are just now becoming a player with the NIH as they elevated their Hereditary Cancer Institute. So it is starting. But if you look even 2 or 3 years ago, it was minimal at best.

Mr. Regula. It is something they ought to look into.

Mr. Terry. Yes. They are well aware of it.

Mr. Regula. From listening to you it sounds as if they are expanding their capability to do research. How big is Creighton?

Mr. Terry. Creighton has about 6,000 students, the majority of which are in post-graduate work, working for their doctorate degrees. They have a great medical school and facility in downtown Omaha which handles most of the Medicare.

Mr. Regula. So they would be a good candidate to do research, since they are at a substantial level----

Mr. Terry. Absolutely.

Mr. Regula. Is it a nonprofit or a private----

Mr. Terry. It is a private, Jesuit-run college, well, university now. It is the first university started in Omaha.

Mr. Regula. I would assume they get substantial support from the community. You have some----

Mr. Terry. Yes, which is why they are able to build their new buildings and their medical school as well as a new building, a new biotech center on campus. Frankly, the \$2 million request here is probably a single digit percentage of the overall costs, and they have been able to raise the difference from the community.

Mr. Regula. Okay. Well, thank you for your testimony; and, of course, I assume you have submitted a letter.

Mr. Terry. We have submitted a letter and also multiple-page statement.

Mr. Regula. Okay, thank you.

Mr. Terry. Thank you, Mr. Chairman.

[The prepared statement of Congressman Terry follows:]

[GRAPHIC(S) NOT AVAILABLE IN TIFF FORMAT]

Mr. Regula. The Committee is adjourned.

[The following statements were submitted for the record by Members of Congress and other interested individuals and organizations:]

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